DOCUMENT RESUME

ED 149 874 PS 009 786

TITLE Study of Family Style and Interactions with External Institutions. Final Report.
INSTITUTION Howard Univ., Washington, D.C. Coll. of Medicine.
SPONS AGENCY Office of Child Development (DHEW), Washington, D.C.
PUB DATE Aug 77
GRANT OCD-HEW-90-C-258
NOTE 214p.

EDRS PRICE MF-$0.83 HC-$11.37 Plus Postage.
DESCRIPTORS *Blacks; Delivery Systems; Demography; *Demonstration Programs; *Family Attitudes; Family Characteristics; *Family Structure; Health Services; Human Geography; Interviews; Observation; Residential Centers; Schools; *Social Agencies; Socialization; Social Services; Sociocultural Patterns; *Use Studies

ABSTRACT

This study of black families examined the degree of congruence between family structure, family interaction, and attitudinal constellations in the home and the utilization of selected health, educational and social service agencies. Data were collected from parents of 150 children attending the Howard University Child Development Center and from 4 types of agencies: schools; residential facilities; health facilities; and public social service agencies. Parent interviews were used to collect information on: (1) economic factors, (2) socio-demographic factors, (3) geographical factors, (4) socio-psychological factors and attitudinal data, (5) socio-cultural factors and (6) socialization practices. Interviewers also filled out observational rating sheets on parents based on their visual perceptions during the interview. Information from 12 agencies was collected on a questionnaire (part I-92 items; part II-56 items) on aspects of agency service as: (1) internal structure, (2) process attributes, (3) goal setting, (4) program operations and (5) services. Findings are presented in detail and the specific service delivery model which was developed for demonstration on a pilot basis is described. Approximately 75 pages of appendices are included. (JMB)

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FINAL REPORT

STUDY OF FAMILY STYLE AND INTERACTIONS WITH EXTERNAL INSTITUTIONS

Child Development Center
Department of Pediatrics and Child Health
College of Medicine
Howard University
Washington, D.C.

June 29, 1974 - August 31, 1977

OFFICE OF CHILD DEVELOPMENT/DHEW
Project 90-C-258

Published August 1977

PS009286

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ACKNOWLEDGEMENTS

The project directors gratefully acknowledge the assistance received from a number of people in the preparation and implementation of this project.

We thank Harry L. Saslow, Ph.D. for assistance in conceptualizing the initial framework for the study and Eugene P. Beard, Ph.D. for ongoing consultation in all phases of the project. We also acknowledge with appreciation consultation received at various stages of Phase I from Dr. Andrew Billingsley, Dr. Lawrence Gary, Dr. Neville Parker, Dr. Walter Allen, Dr. Gerald Boyd, Mr. Slagle Albritton, Mrs. Laure Sharp, Ms. Eve Epstein, and Mr. Wolsey Semple, and during Phase III from Dr. Jeffrey Blake.

Appreciation is expressed to the Child Development Center staff for their assistance, with special thanks to Mrs. Gwendoline Mitchell, Mrs. Shirley Scales, Mrs. Carolyn Stewart, Mr. James Wallace, Mrs. Andrea Jeffers, Mr. Ebenezer Ojofeitimi, and Mrs. Dorothy Pringle, who served as interviewers. A special thanks is also expressed to the families who so willingly and enthusiastically participated in the study.

Mr. B. Thomas Moses, Mrs. Diana Easterling and Mrs. Bhagyam Moses were helpful in data analysis and computer programming and Mr. Edgardo Welch provided library assistance. Mrs. Mary O. Lofton provided administrative skill and Ms. Deborah Fletcher, Ms. Kaye Samuel, and Ms. Shirley Marable provided exceptional typing service.

In expressing our appreciation, the project directors also accept full responsibility for any errors and omissions in the study.

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FOREWORD

In 1974 the Office of Child Development (OCD) awarded a research grant to the Child Development Center (CDC), Department of Pediatrics and Child Health, College of Medicine, Howard University to conduct an exploratory study of the degree of congruence between patterns of family styles and agency utilization behavior. This was designed as a three-phase project in which the first-phase focused on a study of key variables both within the home and within the agency which might effect (either impede or facilitate) child/family utilization of community services (health, social service, and educational) and continuity of care. Phase II then examined these factors further, formulated testable hypothesis, and sought to generate data for the construction of family and agency typologies. Phase III designed and proposed a specific service delivery model for demonstration on a pilot basis. This presentation is a report of the findings of this three-phased project.

In keeping with criteria guidelines the project was designed to: 1) study children and families from different economic levels and social backgrounds; 2) identify variables that capture the subtleties of social class and ethnic differences as well as similarities in family functioning; 3) study these issues from an interdisciplinary point of view; and 4) focus on ecological variables which are potentially amenable to change.

The Child Development Center (CDC) was selected as the site for this study because of the accessibility of a relatively stable

population for study and because of the interdisciplinary nature (staff and philosophy) of the program. The CDC is an outpatient facility of the Department of Pediatrics and Child Health. It is a Center for the diagnosis, evaluation, treatment, and follow-up of children who are born with or have acquired developmental problems in early childhood. The staff of the CDC is an interdisciplinary one composed of medical specialists (pediatricians, neurologist, psychiatrist), psychologists, speech pathologists, educational specialists, public health nurses, social workers, and a nutritionist.

The CDC has provided complete diagnostic and in-depth follow-along services to more than 800 children in the Greater Metropolitan Washington community since its inception in 1966. Approximately 700 of these children and families are in the Center's active follow-up process. Services are provided to children between the ages of birth and 10 years who are exhibiting symptoms of developmental disorders (e.g., specific learning disabilities, mental retardation, and other developmental disabilities, speech and language delay, and behavioral adjustment problems). Priority is given to children 10 years and below for intake while follow-up services are available to children in the program to age 21 years.

In designing this project, attention was given to the findings of previous research studies which suggest that family style may be an even more significant determinant in the extent to which families utilize community services than the traditionally recognized determinants such as age, sex, ethnic identity and socio-economic status.

If this were indeed true, then a needed area of information was an in-depth evaluation of the dynamics of Black family styles viewed and interpreted from the perspective of the Black experience. Thus Phases I and II focused heavily on this aspect of information gathering.

The tasks of Phases I and II were many-faceted and included:

1. Development of two instruments to be used in the study (including coding process, codebooks, etc.)
   a) Client Questionnaire (CQ)
   b) Agency Questionnaire (AQ)
2. Selection of sample
   a) Client sample
   b) Agency sample
3. Sample acquisistion and consent
4. Training of Interviewers and Coders
5. Data Collection
   a) Key family member interviews
   b) Agency representative interviews
6. Data Analysis and interpretation

Cross sectional sample survey methodology was used and provided quantitative and qualitative descriptions of the variables of interest. The survey method and the Client Questionnaire designed allowed for a study of motives, beliefs, values, and attitudes --- things "inside" a family that are often not directly reflected in observable behavior or appearance.

Numerous requests for information related to this project and its resultant findings have been received. These have included requests from state governments, university programs, private agencies, students, and other researchers. It is believed that the significance of this project rests in the fact that it addresses two major needs: 1) the need for an empirically based delineation of the characteristics of Black client-family styles which facilitate or do not facilitate the utilization of services provided by external institutions; and 2) the need for service delivery systems characterized by a systematic variation in procedures and operations according to the characteristics of Black family styles.

SUMMARY OF FINDINGS

1. The nuclear family structure was clearly the predominant family pattern with 80-84% of the families in Phases I and II consisting of one or two parent nuclear families.

2. The findings of the study relate family structure to basic economic/health security, or the perception of same, as a necessary condition for agency utilization.

3. Present findings link successful utilization behavior to type of dwelling, home ownership, and satisfaction with physical characteristics of the home, neighborhood, and other community facilities.

4. Successful agency utilization was associated with geographic mobility (years at present address, years in metro area, and frequency of moves).

5. Over half the respondents of the study (63-70%) report that their general health care is provided by a private physician rather than by community health facilities (clinics, hospitals, etc). Less than one-fourth used hospitals and clinics for primary care.

6. Kin relationships and belonging patterns contributed significantly to successful utilization behavior.

7. Religion played an important role in the lives of the population studied. However, religion and religious beliefs were not factors affecting agency utilization.

8. Keeping appointments at the agency during traditional hours created problems on the job for only 12 percent of the respondents.

9. Nine (9) percent of respondents reported that they experienced problems in their contact with agency staff because of racial difference; 4% because of educational difference.

10. About one-third of the respondents reported that the agency provided support services (transportation, babysitting, clothing) to facilitate utilization. Nine (9) percent reported fee adjustments.

11. Sixty-five (65) percent of respondents said they would use any agency that best serves their child regardless of location or sponsor.

12. There was a direct relationship between mode of transportation to the treatment/service facility and income; the low SES having to depend heavily on public transportation.

13. Significant associations exist between agency and client utilization rating and accessibility of service, privacy, perceived attitudes of staff, image of agency in the community, and agency respect/acceptance of the client's personal opinion.

14. The client's perception of length of wait for service is significantly associated with the client's utilization rating of the agency.

15. Eighteen (18) percent of respondents using public schools had problems obtaining treatment service for the child.

16. Four (4) percent of respondents using schools as the Prime Agency had to take legal action against the public school system in order to obtain treatment service.

17. Fifty (50) percent of respondents felt a need for improvement in public school programs.

18. Lack of communication and interaction between parents and school personnel was a major concern of at least one-fourth of the respondents.

19. There was a significant association between utilization behavior, parents' education, and the parents' perception of his/her ability to exercise control over life circumstances.

20. A significant association was found between utilization behavior, marital status, feelings of alienation, and perceptions regarding control over life circumstances.

CONCLUSIONS

1. The nuclear family is clearly the predominant family pattern among Black families studied.

2. The study population evidenced strong kinship ties. This, too, is consistent with the findings of earlier studies related to the strengths of Black families.

3. There is a relationship between family structure, socio-economic status, and family styles in the degree of agency utilization and in utilization behavior.

4. When crisis occur the majority of families prefer to turn first to relatives and next to friends. Social service agency services are sought only after the kin/friend system fails.

5. Certain agency characteristics and attitudes (politeness, respect, etc.) are important to families of all income levels. These characteristics influence parental satisfaction, and consequently utilization behavior.

6. Public transportation is an important factor in agency utilization and should be included in all agency planning.

7. Extending agency hours may not necessarily increase utilization.

RECOMMENDATIONS

- That agencies begin to look at family strengths in the planning and delivery of services.
- That agencies become sensitive to the individual family's cultural preference pattern of meeting needs.
- That agencies begin to coordinate their services to gain the maximum benefit and make the best use of family support systems.
- That agencies strive to augment rather than replace the kin network system.

INVESTIGATORS' ASSESSMENT OF THE RESEARCH EFFORT

In the opinion of the investigators the project was very worthwhile, for it provides information regarding family styles and agency utilization behavior that is both needed and useful. The study was successful in that it provides specific answers to the research questions raised (page 4). These answers are cited in the Section on Findings (pages v-vii; and pages 29-55).

The study, however, has its weaknesses as well as its strengths, and there are several areas which would be approached differently in future efforts. Several of the more outstanding ones will be cited briefly below.

I. Time

Time, or the lack of it, was a critical factor throughout the project. A more realistic allocation of time for instrument development alone would have been one full year, with year two being devoted to data collection and year three to analysis of the volumes of important data collected. A fourth year would then be recommended for model design and demonstration.

II. Instruments

As stated above, the design of the instrument to capture the subtleties of family style and family dynamics tapped by this project was alone a year's work. The resulting Client Questionnaire (Phase II CQ) is believed to be an outstanding product, one with which the investigators are quite pleased.

The investigators are less satisfied, however, with the Agency Questionnaire (AQ) and feel that this instrument requires more

refinement than time constraints permitted.

III. Utilization Rating Scale

This scale, like the AQ, requires further refinement. Since the scale only specifies broad categories for utilization behavior, it did not always permit as clear-cut distinction as desired between various types in formulating the typologies.

This factor had added significance because of the nature of the sample of the present study. By virtue of their participation in the Child Development Center, the clients had already demonstrated a more than average concern. They may therefore have been more likely to accept many negative aspects of an agency before deciding to discontinue visits, and as a result, show a higher percentage of "A" utilization ratings.

IV. Research Design

In future studies of this subject, the investigators would seek first to identify those agencies in the 4 categories selected most utilized by families in its study population. These most used agencies would then be studied in depth. Clients would then be selected for study according to which agency they used, rather than randomly selecting them from the total client population. In this manner a more adequate number and match of clients for each type of agency in the study would result.

INTRODUCTION

A. Background

This study was part of the research effort undertaken by the collaborating interdisciplinary staffs of the Child Development Center (CDC), the Department of Pediatrics and Child Health, College of Medicine, and the School of Human Ecology, Howard University. The study represents the attempt of the researchers to identify those variables related to family style, child socialization and coping behavior which impact on the Black family's interaction with health, educational and social service institutions. In conducting the research one major investment has been to emphasize both the interdependence of these families with other levels of society and the variability within and among Black families.

Studies of service utilization have concentrated heavily on factors within the client emphasizing a "deficit model" often as an explanatory basis for non-utilization or inappropriate utilization. The underlying philosophy of this model is that all families should be able to function adequately without the assistance of society. Failure to perform the parental role without assistance is indicative of individual or group pathology. These models cite numerous figures on illegimate Black children, broken homes, lack of education, crime, narcotics, addiction, alcoholism, etc. They chart Black unemployment and insist that massive federal action must be initiated to correct the "matriarchal" structure of the Black family. Based on such perceptions, research efforts continue to be directed toward the development of causal models. It should be recognized, however, that some family life styles, though

maladaptive from the perspective of specific agency needs are highly adaptive for meeting those needs perceived as important by the family.

There is growing resistance on the part of minority families to a total change of life styles and attitudes simply to comply with the demands of bureaucratic structures. In this regard, there is a need for the development of an empirically constructed, coordinated, and systematically correlated set of procedures for achieving the best fit between clients and agencies which provide them services. This is of general concern in relationship to minority families, and of particular concern in the case of minority families with children who are experiencing developmental disorders.

Phases I and II of the three-phase project entitled "Study of Family Style and Interactions With External Institutions" were designed to provide data needed to address the concerns cited above.

The study utilized the human service delivery system approach to Black family styles and agency utilization behavior. This approach implies that Black behavior can be understood and treated most meaningfully by providing data on family strength. This approach also permits a focus on the organizational characteristics of the services that people with identifiable family styles under-utilize or over-utilize.

B. Research Goals and Objectives

The overall goal of the study is to enhance the utilization of systems and institutions by children and their families.

The objectives of Phase I were:

1. To delineate characteristics of client/families that relate to service agency utilization.

2. To delineate characteristics of service agencies that relate to client/family utilization.
3. To develop hypotheses related to agency utilization based on the parameters identified for client/families and agencies (# 1 & 2 above).

The objectives of Phase II were:

1. To conduct additional and more detailed analytical treatment of the data collected in the Phase I study to determine more precise indicators (characteristics and parameters affecting interaction and utilization between family and agency).
2. To further clarify, expand and formulate testable hypotheses regarding appropriate locus and type of services that will improve interaction and utilization between family and agency.
3. To edit and modify instruments (Client Questionnaire-CQ; and Agency Questionnaire-AQ) to focus on the specific indicators identified in Phase I.
4. To test the reformulated hypotheses on an expanded sample.
5. To develop a descriptive framework to be used in the evaluation of agencies delivering service to clients within the context of the environment/community in which the agencies are situated.
6. To construct typologies on Black family styles and their association with the utilization of agency resources.

Finally, the objectives of Phase III were:

1. To construct a service delivery system model which is compatible with present research findings regarding families and agencies.
2. To implement a service delivery system model (pilot demonstration)

under the auspices of the Department of Pediatrics and Child Health, College of Medicine, Howard University.

C. Research Questions

It was anticipated that at the completion of Phases I and II reasonable answers to the following questions would be provided:

1. Are there interfamily patterns of utilization behavior?
2. What is the association between family styles and utilization behavior?
3. Can constructive typologies of Black families be formulated?
4. Are there certain conditions, circumstances, or states in which the total family play a significant role in agency utilization?
5. Does geographical nearness of family/friend network affect agency utilization behavior?
6. Are kin and friends important determinants of social welfare and health service utilization?
7. Is there a correlation between total family involvement in agency utilization and the age of the consumer of agency's services?
8. Is agency utilization associated with the agency being used?
9. Does family network affect the quality of services received?
10. Is there an association between alienation and agency utilization?
11. Does the organizational and administrative form of an agency affect consumer utilization behavior?
12. Is there an association between client-agency interaction and utilization behavior, etc.?

13. Do stability in staff structure, existence of alternatives for clients (competition), and accessibility of service affect utilization behavior?

14. Is agency utilization affected by the existence of emotional support systems in the lives of the key parental figures outside the family (organization, social networks, etc.)?

PHASE TIME-TABLE

PROPOSED	PHASE (TASKS)	ACTUAL
6/29/74 - 6/28/75	I	6/29/74 - 4/1/76
6/29/75 - 6/28/76	II	4/1/76 - 3/1/77
6/29/76 - 6/28/77	III	3/1/77 - 8/31/77

METHODOLOGY

A. General Design of Phases I and II

This study was an exploratory study of the degree of congruence between family structure, family interaction and attitudinal constellations in the home, and the utilization of selected health, education and social service agencies in the community. The study concentrated its data-gathering on the parents of the CDC children. Much emphasis was placed on family socialization patterns, ethnicity, and socio-economic status (SES) characteristics to assess the importance of these factors, regardless of the coping mechanisms employed, in the utilization of referred institutions, both in the public and private sectors of the society. Attitudinal differences based on sex, were carefully examined. The five predictor variables used were:

1) Education of mother and father
2) Socio-economic status of the family (SES)
3) Marital Status
4) Family Structure
5) Decision-makers in family

B. The Research Design

The research (Phase I and II) was designed as a hypothesis-testing field survey. Additionally, it was an ex-post facto design, since there was no control for either clients or the agencies through random assignment of the respondents in terms of their characteristics at the time of data collection.

1. Sampling Frame

The basic type of probability sample, simple random sample with replacement, was used in Phases I and II. After simple randomization

was accomplished, a level of "discretionary" or "purposive" sampling was used in some cases, and these were replaced by relatively comparable situations. The sample is considered to be very representative of its population. A brief overview of the sample by its various stratifications is shown in Tables 3.1 through 3.9.

The socio-economic status (SES) index of the client sample was not computed until after the interview, when an SES rating was assigned to each respondent based on information obtained during the interview. This index was derived from the Hollingshead Two-Factor Index of Social Position, [1] which uses education and occupation as the two factors.

ii. The Client Sample

A sample totaling 205 (Phase I = 135; Phase II = 70) was drawn from a population of 458 CDC children. Some attrition was anticipated because of possible location changes and refusals to participate. A total of 150 respondents participated in the study (Phase I = 100, Phase II = 50). All subject children were between the ages of birth and 14 years and had had complete diagnostic evaluations by the CDC staff. Since Phase I contained only a small proportion of non-Blacks (8%), as is true of the general CDC population, only Black participants (50) were sought from the sample for Phase II.

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[1] August B. Hollingshead, "Two Factor Index Social Position", Hollingshead Monograph, Section II, New Haven Connecticut, 1965; Yale Station, copyright, 1957

iii. The Agency Sample

This sample was developed from the actual client sample, which up to 1973 had utilized approximately 41 agencies (cited as "prime agency" for purposes of this study), both public and private, within the Washington Metropolitan Area. The agencies utilized were of 4 types: 1) schools (public, private, preschool, regular and special); 2) residential facilities; 3) health facilities; and 4) public social service agencies. (See Appendix for a listing of agency participants).

iv. Data Collecting Instruments (Phases I and II)

In designing the two data collection instruments (Client Questionnaire or "CQ" and Agency Questionnaire or "AQ"), the self-report and rating measures, despite their known sources of error, (1) were employed for three basic reasons:

1) a recognition of the fact that perception of events may be more related to agency utilization than the actual events.

2) repeated ecological observations were not feasible because of time and budget constraints; and

3) the feasibility of this process in meeting the objectives of the study (i.e., identification of significant parameters).

Scientifically acceptable principles were followed in designing the CQ and AQ while using guidelines to produce question content, factual questions, opinion questions, question wording, leading questions, embarrassing questions, questions involving memory, and question order.

a. Client Questionnaire

The client interview instrument was a composite instrument designed to obtain information in six main categories: 1) economic factors, including reported stability and feelings about stability: 2) socio-demographic factors (such as age of key family member, the main parenting figure, religion, socioeconomic status, ethnicity, etc; 3) geographical factors; 4) socio-psychological factors and attitudinal data; 5) socio-cultural factors; and 6) socialization practices.

The CQ as developed was similar to that used by Sears, MacCoby and Levin. (2) Open-ended questions which identified specific behavioral incidents determining particular responses, similar to the procedure developed by Flanagan, (3) were also incorporated in the interview schedule. Another section involved the use of summated intensity rating scales. (4)

The interview schedule was divided into 3 sections:

(1) Section A - Demographic data

(2) Section B - Family Expectations and Agency Interaction

(3) Section C - Family Styles and Socialization Patterns

Demographic Data - This section of the client interview schedule requested current demographic information on the family members, as a period of time had elapsed since entry into the CDC program. Some of this was comparable to that received during the social service entrance history and servies concurrently with the interview to check reliability of reporting, to fill in gaps and to

continue rapport by covering familiar ground. Also included were: the educational levels of the family members, occupation and income derived, participants type of home and his satisfaction, and housing stability within the family.

Family Expectations and Agency Interactions - probed into the following: (a) knowledge of the child's problem by the key family members; (b) seeking of help and the type of help that was sought for the child; (c) type of agency referrals utilized by the clients; (d) attitudes regarding the difficulty in obtaining the service and the benefits anticipated and received; (e) geographical factors which influenced agency utilization (these included distance from the home to the agency, transportation availability and reliability, as well as care for other children in the family, when applicable); (f) priority status of the need compared to other needs in the family; (g) the perception of the key family members as to the effectiveness of the proposed service; (h) the "critical incident (s)" related to the need for help and other determinations.

Family Styles and Socialization Patterns - concentrated on: (i) socio-psychological factors and attitudinal data including (a) the extent of feelings of "alienation" (lack of rootedness and belonging) in family members, (b) the extent to which the key family members reflect a faith in his/her capacity to alter life circumstances,

(c) ratings by the parents of the child's behavior, other family member's behavior and outsiders' behavior with respect to the amount and or source of rejection and aggression.

(ii) socio-cultural factors such as (a) urban and suburban living, (b) roles played by members, (c) decision making in the family, (d) extent of extended family linkages (accessibility to grandparents, cousins, sibs, etc.) and its the strength (confidence of key informant of their intensity and predictability of involvement, etc.), (e) extent of social linkage (friends, neighbors, formal affiliations such as churches, lodges, etc.) and its strength (confidences of key family member of intensity and predictability of involvement);

(iii) socialization practices of the key family members which includes (a) participation in school activities, (b) general use of control, (c) disciplinary and training techniques, (d) maternal/paternal responses pertaining to independence, dependency and aggressive behavior, (e) the parents's affective relationship with the child, (f) pressures of achievement and achievement related behavior, (g) the amount of interaction with the child, (h) consistency and repetition of routines, and (i) the parent's perception of the child's role in the family and in society.

THE OBSERVATIONAL RATING SHEET

The OBSERVATIONAL RATING (OR) is a generalized evaluation of interviewer based on his visual perceptions during the interview. This Rating was done immediately upon the conclusion of the interview.

The following instructions were carefully adhered to:

(1) The OR being a part of the schedule was attached to the back of the interview instrument.

(2) The OR was (a) signed by the interviewer, (b) the control number of the case entered and (c) the time of completion of the OR listed.

(3) The interviewer was advised to return to his car (maybe travel a block, using his discretion) and complete the OR.

(4) The interviewer was asked to be extremely objective, avoiding personality implications which simply would add statistical biases which are difficult to control analytically.

There is much validity value attached to the using of an OR. It was implicit, therefore, that the ratings be as accurate as the interviewer's immediate interpretation could have been. His value judgement was being depended upon.

In Phase II, the CQ used in Phase I was modified (shortened) to focus on those variables found to be statistically significant from Phase I data. The Phase II CQ therefore contained only 117 items, whereas the Phase I CQ contained 153 items. However, basic content, format, and structure remained unchanged.

b. Agency Questionnaire

This instrument was designed to gather f a c t u a l information about the structure and functioning of the health, education, residential or welfare agency and its interactions with the clients it is intended to serve.

The questionnaire has two parts containing 92 and 56 items, respectively. In part one the areas of questioning are: (1) background which includes organizational structure and goals and objectives; (2) financial aspects-funding and fee; (3) staff qualifications and training; (4) staff reactions - satisfaction turn-over and sensitivity; (5) target population served; (6) referral and placement of clients; (7) types of services rendered; and (8) quality of services (6 questions). The questions of part two pertain to schools, both public and private, to which clients of the Child Development Center program (Howard University) have been referred and where personnel are responsible for implementing the recommendations for the diagnoses. The questions in this part fall into the following areas: (1) referral, diagnosis, and placement; (2) teacher qualifications (3) student teaching training-internal and external; (4) staff problems (5) support personnel; (6) agency's orientation; (7) adequacy of the school facilities; (8) special education orientation; and (9) techniques employed for special problems.

Most of the questions have precoded response alternatives, a few are open-ended, and some are presented in the form of five-point attitudinal rating scales. The order of the questionnaire is planned so that questions which put the respondent at ease are placed in the opening section. Also, the questions are worded so as to offset any tendency to respond in any one particular direction.

The interviewer received training specific to the agency in question. The questionnaire was responded to, in some instances, partly by an agency administrator and partly by an agency worker. It required

approximately 2 hours of interview time, and personnel from 12 agencies completed the questionnaire. They are representative of those used by the sample families selected.

A conceptual analytic model was developed for describing and comparing the agencies on the basis of the questionnaire data. It includes variables which can be classified as (1) internal structure; (2) process attributes; (3) goal setting; (4) program operation, and (5) services. Twenty eight (28) variables were identified to reflect the characteristics of the 4 types of agencies used by the various clients. These variables also measured the degree of agency utilization of clients by employing a scaling method.

Appended to the questionnaire was a School Facility Evaluation form on which was recorded an assessment by the interviewer of the physical plant; a description of the immediate neighborhood; a description of the children and the respondents with regard to external signs of personal care, economic status, and emotional expressions; and an observation of the race of the children, respondent, professional staff, and non-professional staff.

Copies of the Client Questionnaire (Phases I and II) and Agency Questionnaire are Appended. The reader is also referred to the Phase I report for further detail.

v. Data Analysis

Client Questionnaire: The data were analyzed in terms of percentages. Chi-square was used to determine significant differences.

Agency Questionnaire: Each of the questions of the AQ was examined to determine the items which would yield information that could

serve as indicators of the variables. Each question was then scaled from positive to negative values and in all instances, the higher the score, the more positive the response. After the questionnaire had been scored, the data were analyzed in terms of percentages of the expected score obtained by each agency.

The ability of each agency to retain clients was determined by an assessment of the utilization patterns (based on Child Development Center records) of clients in the sample. A rating of A, B+ and B was assigned to each respective agency according to the following criteria:

A ---- Successful Utilization

B+ ---- Partial Utilization

B ---- Marginal Utilization

Chi-squares were computed from utilization ratings of 36 clients utilizing each particular agency and individual scores and a total score was computed for each agency. Further, the scores obtained by clients on selected questions in the client questionnaire were crossed with selected variables on the agency questionnaire.

Phase II. Correlation, stepwise regression, and factor analysis were employed, where feasible and practicable, in analyzing Phase I and II data.

The reader is also referred to the Continuation Proposal Phase II and the Continuation Proposal Phase III for further detail on the development of family and agency typologies.

CHARACTERISTICS

OF THE

CLIENT POPULATION

CHARACTERISTICS OF THE POPULATION

1. BASIC STUDY POPULATION

Over the period 1966-1973 the Child Development Center had an intake of 541 patients for various forms of developmental problems. The actual population used in the study however, was 458, due to six areas of eliminations as shown in Table 3.1 . These included the following:

(1)	Cases which were already closed or terminated	2
(2)	Cases which were incomplete (no evaluation or interpretation conference)	26
(3)	Cases which were missing (charts not available)	10
(4)	Cases which were deceased	3
(5)	Cases whose residence were not readily located or were outside of the Washington Metropolitan Area	21
(6)	Cases which had withdrawn from CDC for personal reasons	21

Most of the eliminated situations occurred among patients admitted in 1970 (20%) and 1969 (17%) respectively.

TABLE 3.1

CHANGES IN THE ORIGINAL CDC POPULATION

		ELIMINATIONS						
Year	1/ Annual Intake	Total Elim	2/ Incomp Work-Up	3/ Locat D.K	Deaths	Closed	4/ Missing Chart	5/ With drawals	Final Pop
1966	32	5	2	-	-	2	1	-	27
1967	57	6	-	3	2	-	-	1	51
1968	89	12	2	3	-	-	2	5	77
1969	82	14	4	2	1	-	-	7	68
1970	98	17	6	7	-	-	-	4	81
1971	75	12	5	2	-	-	3	2	63
1972	78	13	5	3	-	-	4	1	65
1973	30	4	2	1	-	-	-	1	26
TOTAL	541	83	26	21	3	2	10	21	458
PERCENTAGE		100.0%	31.3%	25.3%	3.6%	2.4%	12.1%	25.3%	

1/ Distribution received from CDC 9/11/74 data presented and prepared by specific variables.

2/ Cases in which (i) evaluation was never completed-no interpretation conference. Such cases were never referred to agencies. (ii) 1972 and/or 1973 intake-not yet ready for referral.

3/ No contact with CDC since July 1973; moved to other states; location unknown to CDC at present time.

4/ Lost in CDC fire in December 1972.

5/ Parents have no desire for further interviewing or data gathering to be done on child.

ii. DEFINITION OF VARIABLES

The basic data drawn from the files of CDC were categorized into nineteen variables. After compiling these data, a computerized standard SPSS* package was used to transform all data into frequency distribution tabulations by the respective variables.

Following is a list of the variables used in compiling the raw data:

1. Case number
2. Sex
3. Age - year of birth
4. Area of residence
5. Family income
6. Geographic nationality of parents
7. Language of key family member
8. Occupational level
9. Race
10. Racial make-up of marriage
11. Marital status of key family member
12. Family structure
13. Age of key family member
14. Number of siblings of patient
15. Age of siblings
16. Ordinal position of patient
17. Diagnosis

* Statistical Package for the Social Sciences

18. Status in clinic

19. Present location of family

Most of these categories are self explanatory. A few definitions are given below where the terminology may be unique to CDC.

Family Income: --- Total monies derived from labor or benefits for all members of a particular family, whatever its structure may be.

Occupational Level: --- This term used rather than 'present employment' since level is thought to be more reflective of education and earning potential. It refers to the level of employment at which the individual is, has been, or would most likely be employed, from his past history.

a) Professional - includes all learned callings with ethical standards.

b) White collar - includes technical and managerial services.

c) Blue-collar - includes skilled, semi-skilled and service workers.

Family Structure: --- Refers to the composition of persons living in the home utilizing Billingsley's [5] classification:

1. Nuclear Family
   a) Simple nuclear - two parent family
   b) Attenuated nuclear - one parent family

2. Extended family - having other living-in-relatives

3. Augmented family - having living-in non-relatives

Diagnosis: --- Conclusion concerning the nature and cause of the child's problems based on signs, symptoms and multi-disciplinary assessments. Diagnostic categories used for purpose of this study are:

1. Mental Retardation
2. Specific Learning Disability (SLD or MCD)
3. Primary Emotional or Behavioral Disorder

4. Primary Speech and Language Disorder
5. Other

Status in clinic: --- Refers to the individual's activity level in CDC. Categories used for purpose of this study are:

1. Active
2. Inactive
3. Deceased

Present Location of Family (Child): Refers to the most recently known location of the family at the time of this study.

A description of these variables as they pertain to the CDC population is described in the following section.

iii. PERSONAL BACKGROUND

Age Distribution

The children who use the services of the Child Development Center range from 1-22 years of age at the present time. Table 3.2 gives age frequencies of the population and sample.

TABLE 3.2

POPULATION AND DISTRIBUTION BY AGE

AGE	Population		Phase I	Phase II
	#	%	%	%
Under 5 years	18	3.9	6.6	7
5-9 years	114	24.9	28.2	26
10-14 years	254	55.6	52.7	55
15-19 years	64	14.0	8.8	12
20 years and over	8	1.7	3.7	0
TOTAL	458	100.0	100.0	100

The preponderance of children within ages 5 to 14 reflects the CDC priority of service to preschool and early school aged youngsters. Children over age 14 years are seldom accepted for the first time at the Child Development Center. The 72 children shown above who are in this age group, have been with the Center almost from its inception.

Sex and Race

There were 319 boys and 139 girls served by CDC. In Phase I, 72 subjects were boys and 28 were girls. In Phase II, 36 subjects were boys and 14 girls. The CDC population is predominately black (92%). In Phase I, 91 percent of the subjects were Black and 8% were White. All Phase II subjects (50) were Black. In the CDC population, over 96 percent of the marriages are of a non-mixed racial makeup.

TABLE 3.3

ETHNICITY OF POPULATION

RACE

	Population		Phase I		Phase II	
Category	#	%	#	%	#	%
Black	419	91.5	123	91.1	50	100
White	37	8.1	11	8.1	0	0
Other	2	0.4	1	0.8	0	0
TOTAL	458	100.0	135	100.0	50	100

TABLE 3.4

RACIAL MAKEUP OF MARRIAGE

	Population		Phase I		Phase II	
Category	#	%	#	%	#	%
Mixed	19	4.2	3	2.2	0	0
Non-Mixed	439	95.8	132	97.8	50	100
TOTAL	458	100.0	135	100.0	50	100

Marital Status

Sixty-one percent of the population and fifty-eight and sixty-two percent, respectively, of the Phase I and II subjects are married families. This study reveals most the families served by CDC are nuclear 2-parent families, as are the majority of Black families in America, in the ratio of approximately 2 to 1. See details in Table 3.5 .

TABLE 3.5

MARITAL STATUS AND FAMILY STRUCTURE DISTRIBUTIONS

a. MARITAL STATUS

Status	Population		Phase I		Phase II	
	#	%	#	%	#	%
Married	278	60.8	79	58.0	31	62
Single	58	12.6	17	13.0	7	14
Separated	72	15.7	23	17.0	3	6
Divorced	34	7.4	9	7.0	6	12
Other	16	3.5	7	5.0	3	6
TOTAL	458	100.0	135	100.0	50	100

b. FAMILY STRUCTURE

Structure	Population		Phase I	Phase II
	#	%	%	%
Nuclear 2-parent	240	52.4	46.7	54
Nuclear 1-parent	133	29.1	34.1	30
Extended	59	12.9	15.6	8
Augmented	26	5.6	3.7	8
TOTAL	458	100.0	100.0	100

Socio-Economic Status

Residence

Persons served by the CDC over this period resided in all four quadrants of the District of Columbia, Montgomery and Prince George's Counties of Maryland and a very small proportion in Virginia (1 percent). See Table 3.6 . In the District of Columbia, the Southwest representation was the smallest (3 percent) compared to 71.3 percent of the total falling within the Northwest, Northeast, and Southeast areas. In the suburbs, clients from Prince George's county made up the largest group (18 percent). The sample distribution closely parallels that of the population.

TABLE 3.6

RESIDENTIAL DISTRIBUTION

	Area	Population #	Population %
D.C.	Northwest	126	27.5
	Northeast	102	22.3
	Southwest	13	2.8
	Southeast	98	21.5
MD	Prince George's Co.	83	18.1
	Montgomery Co.	23	5.0
VA		4	0.9
	Other	9	2.0
	TOTAL	458	100.0

Income

A larger proportion of families (71.5 percent) had incomes which range between $5,000 and $20,000 and over. Those earning more than $20,000 are considered to be in the high income bracket, and of that group, 7 families earned more than $30,000. The welfare and under $5,000 group was approximately 29 percent in both Phase I and II

sample and in the client population. Welfare recipients averaged 16 percent of both groups, respectively.

TABLE 3.7

FAMILY INCOME

Income Level	Category	Population #	Population %
	N.A. 1/	7	1.5
Low	(Welfare)	77	16.8
	Under $5,000	47	10.2
Middle-lower	$5,000 - 9,999	163	35.6
Middle-upper	$10,000 - 19,999	135	29.5
High	$20,000 & over	29	6.4
	TOTAL	458	100.0

1/ Clients were unemployed, students or stipend individuals.

Occupation

Thirty-eight percent of the clients in the CDC population were professional and/or white collar employees, forty-nine percent were blue collar and the remainder were either unemployed, on welfare assistance, in school or simply not known from our records. The families which have used the CDC facilities are stretched across the board occupationally as can be seen in Table 3.8 .

TABLE 3.8

OCCUPATIONAL LEVEL OF KEY FAMILY MEMBER

Occupational Level	Population #	Population %	Phase I %	Phase II %
Professional	63	13.8	19.3	22
White-collar	109	23.8	24.4	32
Blue-collar	226	49.2	44.4	46
Other	60	13.1	11.9	0
TOTAL	458	100.0	100.0	100

Education

Phase I

One-third (30%) of the fathers in the sample had less than a high school education and one-fourth (24%) of the mothers had less than a high school education. About one-fourth (22%) of the fathers in the sample were high school graduates and 28% of the mothers fell into this category. About one-fourth (21%) of the mothers in the sample had 1-3 years of college and 14% were college graduates. In contrast, 13% of the fathers in the sample had 1-3 years of college and 9% were college graduates. Nine percent of the fathers in the sample had graduate work and/or over and 7% of the mothers were of the graduate category.

Phase II

Forty-four percent (44%) of the respondent fathers had a high school education. Over half of this group, i.e., thirty percent (30%) had actually received a high school diploma. Only two percent (2%) had less than a high school education.

A smaller percent of the fathers, i.e., thirty six percent (36%) had received some college education. Of this group, ten percent(10%) had a bachelors degree and twenty percent (20%) had acquired a M.S. or higher degree. A very small portion, i.e., six percent (6%) did not complete college. Eighteen percent (18%) of the respondents were not certain of the father's education.

A larger percentage of mothers than fathers, i.e., sixty percent (60%) had a high school education. Almost half of this group, twenty-eight percent (28%) had graduated from high school, with twenty percent (20%) having attended high school for at least one year. The remaining twelve percent (12%) of the mothers had less than a high school education.

A slightly smaller number of mothers than fathers, thirty-four percent (34%) had attended college. Six percent (6%) had received a B.S. and twenty percent (20%) had received a M.S. or higher degree. Only four percent (4%) of those mothers who attended college had not graduated. Six percent (6%) of the respondents did not know the educational background of the mothers.

Age of Key Family Member

The age distribution shows that 331 (72.4 percent) of the key members fall between 30 and 49 years of age. Twelve were 60 years and over, and three were under 19 years of age. The Phase I and II samples paralleled this population distribution.

TABLE 3.9

AGE OF KEY FAMILY MEMBERS

	Population	
Age	#	%
60 years and over	12	2.5
50-59 years	49	10.7
40-49 years	115	25.2
30-39 years	216	47.2
20-29 years	63	13.7
Under 19 years	3	0.7
TOTAL	458	100.0

Diagnosis

The distribution of the population relative to the diagnosed developmental disability, as determined by the evaluation and interpretation processes of the CDC staff, indicated that the most common categories were mental retardation and specific learning disability.

Emotional problems among these children ranged between 16 and 20 percent of the totals, whereas speech and hearing deficiencies and multiple handicaps in any of the above combinations were less than 5 percent. A category designated as "other" included patients whose diagnoses were among the following classifications, via:

Hyperkinetic Syndrome
Seizure Disorder
Maternal deprivation and/or failure to thrive
Lead intoxication
Chromosome abnormality
Cultural deprivation - environmental influence
Autistic Behavior
Medical related-prenatal, natal and/or respiratory

Status in CDC

The majority of the CDC population is in an active status still maintaining close contact with the Center since their original intake (87 percent), and the same applies to the two-phase sample. The remaining clients are currently in the framework of their referral agencies, but not necessarily active with the CDC, except upon occasion for a crisis situation or a Social Worker's follow-up request. Three clients were deceased.

FINDINGS OF PHASES I AND II

The present research provided evidence that there is a relationship between family structure, socio-economic status, and family styles in patterns of agency utilization behavior.

The nuclear family structure was clearly the predominant family pattern, with 80-84% of the families in Phases I and II consisting of one or two parent families. This is consistent with the findings of Billingsley, who reports that two-thirds of all Black families are headed by men; and in most of these families, most of the men are still married to their original wives. Fifteen percent of the Phase I families and only a small portion of the Phase II families (eight percent) were extended families. The number of augmented families was almost the same in both Phases, five percent and eight percent respectively. Over half (53%) of the families served by CDC are nuclear 2-parent families. (Table 3.5).

Findings of this study also relate family structure to basic economic/health security or the perception of the same as a necessary condition for agency utilization.

DEMOGRAPHIC AND SOCIOECONOMIC FACTORS, FAMILY EXPECTATIONS AND AGENCY INTERACTIONS

HOUSING

The present findings link successful utilization behavior to type of dwelling, home ownership, and satisfaction with physical characteristics of the home, neighborhood, and other facilities. Earlier studies (Clark, [6] Tabb, [7] Pinkney, [8] Grier and Cobbs [9]) discuss the effect of housing upon the social and psychological well being of its occupants.

TABLE 4.1

HOUSING

A. Type of Dwelling

TYPE HOMES	PHASE I %	PHASE II %
Detached	35	30
Semi-detached	35	40
Apartment	30	30
TOTAL	100	100

B. Ownership

	PHASE I %	PHASE II %
Buying	56	56
Renting:		
Privately	32	32
Public Housing	12	12
TOTAL	100	100

In this study thirty-five percent of the respondents of Phase I and 30% of the respondents of Phase II lived in detached homes. Thirty-five percent of the respondents of Phase I and 40% of the respondents of Phase II lived in semi-detached homes. Thirty percent of the respondents of both Phase I and II lived in apartments. Over half (56%) of the respondents of Phases I and II were actually buying their homes and 32% were renting privately. Only a small number, 12% were receiving public assistance. (Table 4.1).

More than half (65%) of the respondents of Phase I and three-fourths (74%) of the respondents of Phase II were either satisfied or very satisfied with the appearance of their homes and neighborhoods. The largest percentage of respondents were satisfied with the safety features (88%) and the municipal services such as trash, water, lighting, etc. (86%). The respondents were most dissatisfied with transportation, recreational, shopping facilities, and schools. Sixty-seven percent of the respondents of Phase I and 76% of the respondents of Phase II gave a high satisfaction rating of health facilites.

MOBILITY PATTERNS

Successful agency utilization was found to be associated with geographic mobility (years at present address, years in metro area, and frequency of moves). At least one-third (36-32%) of the respondents of Phases I and II had lived at the same address for 10-15 years. For area of residence about 90% of the respondents of Phases I and II had lived in the area for 10 years or more, and one-fourth of the respondents (24%) had lived in the metro area for over 20 years. In response to the question inquiring as to the number of times the respondents had moved in the last 15 years, 62% of the families had moved

1-3 times and 20% had not moved at all.

Many reasons were given for changes in residence: fifty-six percent of the respondents said that they had moved for better housing, 10% cited better job opportunities, and 30% gave no specific reasons for the move.

HEALTH PRACTICES

Overall, the basic health needs of the respondents were being adequately met. Over half (63%) of the respondents of Phase I and three fourths (70%) of the respondents of Phase II reported that the general health care for their family was handled by a private physician. One fourth (25%) of the respondents of Phase I and 16% of the respondents of Phase II used hospital services and clinics. Only 3% of the respondents of Phase I and 6% of the respondents of Phase II used public clinics. (Table 4.2).

Although 65% of the respondents of Phase I and 69% of the respondents of Phase II said that they would use any agency that best serves their child regardless of location or sponsor, many of these respondents were serviced by their own neighborhood clinics and services. For example, Old Freedmen's Hospital had serviced many of these respondents over the years and the Howard University Hospital continues to serve these individuals.

SOCIO-ECONOMIC STATUS

Studies involving social class, social status, or in the terms of the present study, socio-economic status, have examined such status as related to value systems, mental illness and psychiatric disorders, and family stability, among other variables. Drake and Cayton [10] demonstrated that as status increased, so did access to the dominant culture

TABLE 4.2

HEALTH PRACTICES

FAMILY HEALTH CARE

PRIMARY HEALTH CARE	PHASE I SAMPLE %	PHASE II SAMPLE %
Private Physician	63	70
Hospital & Clinic Services	25	16
Public Clinics	3	6
Not Specified	9	8
TOTAL	100	100

TABLE 4.3

SES AND FIRST AWARENESS OF SYMPTOMS OF PARENT

SES	AWARENESS	PHASE I SAMPLE %	PHASE II SAMPLE %
High	Parent	85	54
	Other	15	46
Medium	Parent	58	50
	Other	42	50
Low	Parent	63	50
	Other	37	50

of the society, a finding that is consonant with other findings. Thus, it would be anticipated that the higher the socio-economic status of Blacks, the greater the access to the dominant culture. This access is tempered, however, by the constant reminder of physical difference with its concomitant adjustments that must somehow be incorporated into socialization practices and family styles. This study has found the following relationships between socio-economic differences and successful agency utilization:

- There was a significant difference with regard to the self-perceived primary decision-maker for the patient based on SES. For Phase I, the high SES respondents (85%) were more likely than low SES (63%) and medium SES (58%) respondents to have first observed that their child needed special help. For Phase II, half (54%) of the high, medium, and low SES respondents were the first to have observed that their child needed special help. The lower the SES of the family, the greater was the tendency to be told by clinic staff that their child needed special help, or for the child to have been observed toward special help by school personnel. (Table 4.3).

- There was an inverse linear relationship found as to what the respondents thought was the matter with the patient when they first brought him/her to CDC based on SES. For Phases I and II, one-fourth of the low SES respondents reported mental retardation and slow learning development;

for high SES respondents none reported mental problems or slow learning problems.

. For Phases I and II, medium SES and low SES respondents were more likely to have been referred by CDC to hospital/clinics.

. For Phases I and II, there was a direct relationship between mode of transportation to the treatment/service facility and SES; the low SES having to depend heavily on public transportation (bus).

. The client's perception of length of wait for service was significantly associated with SES. For Phase I, about half (48%) of the respondents did not have to wait before they were given their first appointment at the prime agency. Moreover, one third (37%) of the respondents did not have to wait before treatment began for the child. For Phase II, 47% of the medium SES and 55% of the low SES respondents did not have to wait before they were given their first appointment at the prime agency and for treatment to begin for their child, whereas all of the high SES respondents had to wait up to a month for their first appointment and treatment.

. For Phase II, there was a significant difference based on SES as to whether the respondents were still in contact with their agency and or whether they received assistance from the agency. About three-fourths of the medium (71%) and

low (79%) SES respondents reported that they are still in contact with their prime agency as compared to none of the high SES respondents.

. For Phases I and II, the school system initially referred more of the medium SES respondents than the low SES respondents to CDC for evaluation.

. Four of the respondents of Phase I using schools as the Prime Agency had to take legal action against the public school system to obtain appropriate services for the handicapped child. In Phase II, one of the medium and one of the low SES respondents took legal action.

. 40% of the respondents (high, medium, low) using private schools as the prime agency reported financial and/or tuition payment problems.

. Keeping appointments at the agency created problems on the job for 12% of the respondents (medium and low income).

. Lack of communication and interaction between parents and school personnel was a major concern of at least one-fourth of the respondents (high, medium, low).

. About half (high, medium, low SES) of the respondents of Phases I and II felt a need for improvement in public school educational programs.

COPING BEHAVIOR

Given basic economic/health security and stability and/or the perception of the same of the population of this study, either attitudes about coping with areas of one's life and/or some evidence of successful coping become necessary conditions for successful agency utilization.

The majority of the families have experienced health, social, psychological, and family problems due to their child's condition, but their level of coping has been high across all SES groups. For example, a majority of the respondents of Phase I (80%) and Phase II (88%) reported that there had not been any family disagreement concerning the patient's treatment. More than half (66%) of the family members approved of the treatment planned for the patient.

The respondents of Phases I and II reported other problems existing within the family: Forty percent of Phase I and 20% of Phase II reported financial and/or tuition payment problems, one fourth (25%) of Phase I and Phase II reported illness other than the patient, sibling rivalry and marital discord, and 9% of Phase I and 4% of Phase II reported juvenile delinquency as a problem.

Similarly, less than half of the respondents of Phase I (40%) and Phase II (42%) reported that they have a current health problem. Half of these respondents said, however, that their health problem did not hamper activity within the family. Nine percent of the respondents of Phase I felt that their health problem evoked greater cooperation from other family members, relatives, and friends.

. Internal vs. External Expectancy Of Reward

Twenty statements on the Client Questionnaire were designed to measure the attitudinal dimension of Internal vs. External locus of control, or expectancy or reward. With only a few exceptions, responses to these statements were consistently in the direction of an Internal orientation. However, in each case, a substantial percentage of the respondents also answered in the External direction (See Table 4.4).

Differential reactions to the individual statements in this area yielded two clusters of respondents. One cluster related to Marital Status and the other to Kinship Ties. With regard to Marital Status, those who favored the Internal orientation tended to be married and living with their spouse/mate. The Internal orientation differentiated two groups of respondents according to how often they reported visiting their relatives out-of-town. Those who reported visiting out-of-town relatives infrequently ("Seldom or Never") were more Internal than those who reported visiting their out-of-town relatives frequently ("Often").

The respondents who demonstrated the External Orientation tended to exchange services with their relatives on a routine rather than on a crisis basis. They were also more often single, widowed, separated, or divorced, rather than married or living with their spouse/mates.

TABLE 4.4

LOCUS OF CONTROL

(150 Respondents)

STATEMENT	LOCUS OF CONTROL	
	INTERNAL	EXTERNAL
1. Poor people who don't do well in life . . .	(Disagree) 32%	(Agree) 50%
2. Most people could be described as victims . . .	(Disagree) 44%	(Agree) 42%
3. . . . Many of the poor haven't prepared themselves	(Agree) 62%	(Disagree) 18%
4. . . . Many Blacks haven't prepared themselves	(Agree) 64%	(Disagree) 22%
5. If Blacks work hard . . . they will succeed	(Agree) 42%	(Disagree) 34%
6. . . . If they don't do well, its their own fault	(Agree) 64%	(Disagree) 28%
7. Children are basically bad . .	MORE INFORMATION NEEDED	
8. . . . There is nothing the average person can do . . .	(Disagree) 46%	(Agree) 40%
9. . . . They can exercise at least a little control	(Agree) 58%	(Disagree) 24%
10. . . . Don't understand how to get along	(Agree) 56%	(Disagree) 22%
11. . . . Victims of forces	(Agree) 60%	(Disagree) 30%
12. . . . Take a definite course of action	(Agree) 56%	(Disagree) 28%

TABLE 4.4

LOCUS OF CONTROL (CONTINUED)

(150 Respondents)

STATEMENT	LOCUS OF CONTROL	
	INTERNAL	EXTERNAL
13. . . . Ordinary people don't take enough interest in politics	(Agree) 50%	(Disagree) 32%
14. . . . You'll be at a serious disadvantage if you're from a poor family	(Disagree) 54%	(Agree) 34%
15. . . . Their family background won't be a barrier to success	(Agree) 60%	(Disagree) 26%
16. . . . Things turn out to be a matter of good and bad fortune anyhow	(Disagree) 54%	(Agree) 28%
17. . . . Decide what to do by flipping a coin	(Disagree) 56%	(Agree) 24%
18. Good Luck is more important than hard work . . .	(Disagree) 72%	(Agree) 10%
19. . . . You'll still meet serious discrimination if you're Black	(Disagree) 24%	(Agree) 60%
20. . . . Getting what you want has nothing to do with luck	(Agree) 64%	(Disagree) 30%

PARENTAL RATING OF AGENCY CHARACTERISTICS

. A majority of the respondents of Phase I (84%) and Phase II (94%) reported that they had no problems in their contact with the staff based on sex, age, or physical, educational, racial differences or personal appearance. One respondent expressed concern with communication gaps between foreign personnel and the clients.

. A majority of the respondents of Phase I (81%) and Phase II (76%) rated their prime agency as good; 11% of Phase I and 15% of Phase II were indifferent; and 8% of Phase I and 9% of Phase II rated their agency as poor.

. The ability of the agency staff to develop the client's trust was rated as poor by 13% of the respondents of Phase I and rated as poor by 20% of the respondents of Phase II.

. The agency's respect for the client's knowledge of their child's problem was rated as poor by 11% of the respondents of Phase I and 12% of the respondents of Phase II.

. Availability of information about the agency was rated as poor by 22% of the respondents of Phase I and 17% of the respondents of Phase II.

. Perceived ability of staff to do their job was rated as poor by 12% of the respondents of the study.

FAMILY STYLE AND AGENCY UTILIZATION

The following family characteristics were found to be important determinants of utilization behavior in this study and are discussed below:

- Kinship interaction
- Preferred source of assistance
- Social network
- Friend/neighbor interaction
- Family decision making structure
- Child socialization and expectations

KINSHIP INTERACTION

Kin relationships and belonging patterns not only played an important part in family style, but also contributed to successful utilization behavior. A group of questions were designed to explore the level of reported use of kin group for help or support routinely or in crisis situations by respondents, and to inquire into their frequency of contact with relatives.

Three-fourths of the respondents of Phases I and II reported a high frequency of contact with their in-town relatives. A few but substantial percentage (i.e., 46%) reported maintaining frequent contact with their relatives out-of-town.

Similarly, three-fourths of the respondents of Phases I and II felt it is all right to turn to relatives for help when needed. Most of these respondents expressed a sense of unity with their families and kin by saying that families should always stick together.

Respondents in the study reported providing and receiving a considerable amount of support from their relatives. (See Table 4.5).

TABLE 4.5

RANK ORDER OF SERVICES EXCHANGED
BY KIN ROUTINELY AND IN CRISES

(150 Respondents)

CRISES	ROUTINELY
Transportation	Recreational/Social Outlet
Household Help	Advice
Money	Emotional Support
Food and/or Clothing	Child Care
Child Care	Food and/or Clothing
Advice	Household Help
Emotional Support	Transportation
Recreational/Social Outlet	Money

Although the amount of assistance exhanged is greater during a time of crisis, there is also a substantial amount of assistance received and provided on a routine basis. Transportation, household help and money ranked among the top three services the respondents reported exchanging with their relatives on a crisis basis. Food and/or clothing occupied fourth place in types of assistance exchanged in a crisis, and child care occupied fifth place. The interchangeable services of advice and emotional support occupied the sixth and seventh places for services exchanged in a crisis. Recreational and/or social outlets occupied last place, but were nonetheless exchanged by a substantial percentage of the respondents (i.e., 44%) during a crisis.

The five types of assistance which ranked lowest for services exchanged during a crisis, i.e., (1) recreational/social outlet, (2) advice, (3) emotional support, (4) child care, and (5) food and/or clothing ranked highest for services exchanged on a regular basis. The three services exchanged most frequently on a crisis basis (i.e., household help, transportation and money) were the last types of assistance exchanged on a regular basis.

RESPONDENTS' CHOICE OF ASSISTANCE IN TIME OF NEED

A majority of respondents in the study reported that they would turn first to a relative and next to a friend or neighbor in certain kinds of crisis. They would turn to external agencies only after no internal solutions could be found. (See Table 4.6). This parallels the findings of McAdoo [11] in another recent study.

The largest number of respondents of Phases I and II said that they would turn first to a relative and next to a friend/neighbor

TABLE 4.6

RESPONDENTS' FIRST CHOICE OF ASSISTANCE
IN TIME OF NEED

SITUATION	MAJORITY FIRST PREFERENCE (ALL RESPONDENTS)		
	Relative/Friend	Agency	Private Practitioner
Temporary Housing	X		
Food	X		
Clothing	X		
Child Care	X		
Discipline Problems	X		
Small Loans	X		
Long-Term Housing		X	
Job		X	
Legal Help			X
Marital Problems			X
Emotional Help			X
Health Needs			X
Educational Needs		X	

for temporary housing, food, clothing, child care, discipline problems, and for a small loan. Slightly less than half of the respondents of Phases I and II said that they would turn to either a private agency or a public agency for long term housing or a job. Similarly, the respondents would go to a public agency for help with academics or to an independent professional. A majority of the respondents said that they would turn first to an independent professional for legal help, marital problems, and emotional help. Slightly more than half of the respondents of both samples would turn first to a private health practitioner and next to a public health facility for their health needs.

High SES respondents were substantially more likely than medium and low SES respondents to turn to a bank for a large loan and to turn to relatives for a small loan in times of need. Inversely, low SES respondents were more likely than medium and high SES to turn to friends/neighbors for small loans. High SES and medium SES respondents were twice as likely as low SES respondents to choose their relatives for temporary housing and long-term housing.

A clear relationship was found between respondents' SES and their use of various sources for help in discipline. While only one high SES respondent would turn to public agencies, one fourth of the medium SES and one-third of the low SES respondents would use them. In contrast, one-fourth of the high SES respondents would use individual professionals; only one-tenth of the medium SES and only one low SES respondents would go to them.

The higher the income status the more likely respondents are to turn to relatives for food. On the other hand while almost half

of the low SES respondents and one-tenth of the medium SES respondents would turn to public agencies, no high SES respondents would do so. The same relationship holds for clothing. The lower the income status the more likely respondents are to seek the help of public agencies for jobs.

While almost half of the high SES respondents would use friends/neighbors for child care assistance, only one-fourth of the medium and less than one-fourth of the low SES respondents would use such sources. Half of the medium and low SES respondents would use relatives compared to one-third of the high SES respondents.

An inverse relationship existed between SES and the use of public agencies for legal problems. Over half of the low SES as contrasted to one-third of the medium and none of the high SES respondents would use public agencies for legal problems. One the other hand over half of the high SES, one-third of the medium SES and less than one-fourth of the low SES respondents would use private professionals for such a service.

Over half of the high SES respondents, one-fourth of the medium SES and less than one-fourth of the low SES respondents would use professional individuals for marital problems.

High SES respondents (one-third) were more likely than medium and low SES respondents (less than one-tenth) to seek individual professional help for health needs. Conversely, low SES respondents were more likely than medium and high SES respondents to use public health facilities.

A direct relationship existed between SES and the use of private health practitioners for emotional problems. Almost half of the high

SES, one-third of the medium SES, and less than one-fourth of the low SES respondents would use such a service. On the other hand, only one high SES respondent and less than one-tenth of the medium SES respondents as contrasted to one-third of the low SES respondents would use public health facilities for emotional problems.

SOCIAL NETWORK PATTERNS

Religion played an important role in the lives of the respondents. Three-fourths of the respondents reported membership in a church. Characteristic of the majority of Black people in this country, the Baptist church ranked #1 in affiliation among the respondents (Phases I and II) and the Roman Catholic church ranked second among the respondents. The attendance of the children of the respondents at church and SES were significantly related. The children of low SES respondents were more likely to attend worship services regularly than medium and high SES respondents. The respondents of both samples reported that the religious factor did not affect their usage of community/agency services.

Civic and welfare organizations (which included YMCA, YWCA, hospital auxiliaries, PTA, Neighborhood Improvement organizations) ranked second, with half of the respondents reporting membership in one or more of these types of organizations. High and medium SES respondents were twice as likely to belong to civic and welfare organizations as low SES respondents. High SES respondents were twice as likely as medium SES respondents and four times more likely than low SES respondents to belong to union and professional organizations. Only one low SES respondent was a member of a political organization compared to about 15% of medium and one-third of high SES respondents.

NEIGHBORHOOD INTERACTION

Most of the respondents in Phase I and II reported that they were content with their neighbors. When asked if their present neighbors were the kind of people they would choose, 60% of the respondents of Phase I and 76% of the respondents of Phase II reported that "most" or at least "some" of them were. The samples were split (50-50) in terms of whether their contact with their neighbors was "frequent" and "very frequent," on the one hand, or "infrequent" and non-existent, on the other.

Community problems, child rearing, and shopping were the three topics the respondents discussed most frequently with their neighbors. Only a few of the respondents said that they do not discuss any topics with their neighbors.

For Phases I and II, there was a tendency for SES to significantly influence the exchange of transportation routinely and in crisis situations between respondents and friends/neighbors. A comparison of percentages in this area indicated that while less than half (i.e., 48%) of the low SES families exchanged transportation assistance with friends, 60% of the medium and up to 77% of the high SES were likely to use such exchange. Although there was not a significant relationship, high SES respondents were more likely than medium SES and low SES respondents to routinely exchange child care help and routinely exchange help with food and/or clothing. The modest tendency of low SES and medium SES respondents to exchange monetary help with their friends/neighbors during crisis situations was not reflected among high SES respondents. Similarly, the slight tendency of low SES and medium SES respondents

to exchange emotional support and advice routinely and in crisis situations was not reflected among high SES respondents. High SES respondents were more likely than medium SES and low SES respondents to routinely exchange help in the nature of recreational/social outlets with their friends, and similarly, with their neighbors.

SOCIALIZATION PRACTICES AND CHILD EXPECTATIONS

Family Decision-making. Two-parent family units made up over half the sample of this study. The findings indicated that the respondents, who in a majority of the cases were the mothers, reported that they made most of the decisions about the children. There was a significant difference found with regard to who was the self-perceived primary decision-maker based on SES. An inverse linear relationship was found between self as decision-maker and SES. Three fourths of the low SES respondents as contrasted to 50% of the medium SES and 27% of the high SES respondents reported that they alone make most of the decisions about the children. 73% of the high SES respondents as contrasted to 49% of the medium and 21% of the low SES respondents reported that they jointly made decisions about the children. (Table 4.7).

TABLE 4.7

SES AND DECISION-MAKING PATTERN

(150 Respondents)

SES	RESPONDENT ALONE %	JOINT DECISION %
High	27	73
Medium	51	49
Low	79	21

There was a significant difference with regard to the respondents' satisfaction with their family's way of handling decisions based on SES in the area of expenditures, the area of children, and the area of recreational activities. In all three areas the medium SES respondents were less likely to be satisfied with the handling of the decisions.

Discipline. The findings indicated that the mothers were more involved in the disciplining of their children than their spouses. In terms of punishment, "talking things over" was the preferred method, with 82% of the respondents reporting using this method on a frequent basis. Scolding or yelling was the next most frequent method of punishment, with 60% of the respondents reporting this method. Physical punishment was used by only 4% of the respondents (Table 4.8).

The various methods of punishing their children such as sending the child to his/her room, scolding or yelling, and taking away privileges were not significantly associated with the respondents' SES. However, medium SES and low SES respondents and spouses were more likely to punish their children by scolding and yelling and high SES respondents were more likely to send their children to their room or bed "often" than medium SES or low SES respondents. High SES respondents, and to a lesser degree low SES respondents, were more likely to use taking away privileges as a form of punishment than medium SES respondents.

Among the various types of rewards that were investigated the findings indicated that praise was by far the most favored by the

respondents. Ninety percent of the respondents reported using praise often. Kissing and hugging followed with 60% of the respondents reporting this type of reward often. Gifts or special privileges were often used by a sizeable percentage of the respondents (i.e., 50%). (Table 4.8).

TABLE 4.8

PREFERRED METHODS OF PUNISHMENT AND REWARD

(150 Respondents)

PUNISHMENT		REWARD	
Talking Things Over	82%	Praise	90%
Scolding or Yelling	60%	Kissing and Hugging	60%
Taking Away Privileges	50%	Gifts or Special	50%
Sending to Room	45%	No Big Deal	20%
Physical Punishment	4%		

Parental Expectations Of Children. The respondents varied slightly by SES as to their expectations of children at different ages (self-care, independence, household chores). Low SES respondents were more likely to expect more of their children at younger ages than medium

and high SES respondents. Similarly, medium SES respondents had lower age expectations of their children for various accomplishments than high SES respondents. Expectations of a part-time job (P=001) and a full time-job (P=03) were significantly associated with SES.

Low SES respondents (41%) were more likely to expect personal grooming from children under 5 years old than were medium SES (18%) and high SES (none) respondents. High SES (100%) and medium SES (65%) respondents were likely to expect personal grooming from children 5-9 years old.

There was no difference between respondents' expectations of age for toilet-training of children. All of the high SES, medium SES and 97% of the low SES respondents expected their children to be toilet trained under 5 years of age.

Over half of the low SES respondents (55%) expected the running of errands from children 5-9 while 37% of the medium SES and none of the high SES respondents had this age expectation. High SES (100%) and medium SES (44%) respondents were more likely to expect this chore from children 10-14.

High SES (100%), medium SES (65%), and low SES (55%) respondents expected some cooking responsibilities from children 10-14 years old but 24% of the low SES respondents expected this chore from children 5-9 years old.

Half of the high SES (50%), low SES (52%) and 65% of the medium SES respondents expected house-cleaning responsibilities from children 5-9 years old. Fifty percent of the high SES, 29% of the medium SES, and 35% of the low SES respondents expected this chore from children 10-14 years old.

One third of the medium SES (31%) and low SES (38%) respondents considered 5-9 a suitable age for children to go to near places alone. Half of the high SES (50%), 31% of the medium SES, and 41% of the low SES respondents considered 10-14 a suitable age for this type of responsibility. Half of the high SES (50%), 31% of the medium SES, and 17% of the low SES respondents considered 15-18 a suitable age for this type of responsibility.

All of the high SES, 77% of the medium SES, and 69% of the low SES respondents considered 10-14 a suitable age for children to stay home alone.

Low (62%) and medium (53%) SES respondents felt that the age 10-14 was the most suitable age for babysitting responsibilities while none of the high SES respondents had this age expectation. In contrast, all of the high SES respondents considered 15-18 a suitable age for this type of responsibility while 41% of the medium and 38% of the low SES respondents considered this age category.

All of the high SES, 41% of the medium SES, and 38% of the low SES respondents considered 10-14 a suitable age for children to arrange their own schedule. One fourth of the medium SES (24%) and low SES (24%) respondents considered 15-18 a suitable age for this type of responsibility. About half of the high SES (50%), medium SES (48%) respondents considered 10-14 and 15-18 suitable age for children to do their own personal shopping.

Half of the high SES (50%), 31% of the medium SES, and 48% of the low SES respondents considered 10-14 a suitable age for children to do the family shopping. Similarly, 50% of the high SES, 44% of the medium SES, and 31% of the low SES respondents considered 15-18 a suitable

age for this responsibility.

Medium SES (29%) and low SES (24%) respondents considered 10-14 a suitable age for children to go to far places alone. No high SES respondents considered this a suitable age. All of the high SES, 53% of the medium SES, and 52% of the low SES respondents considered 15-18 a suitable age for this type of responsibility.

Low SES respondents were more likely to expect their children to hold a part-time job at a younger age than medium and high SES respondents. Forty-four percent of the low SES respondents had this age expectation as compared to 23% of the medium SES respondents and none of the high SES respondents. Medium SES respondents were more likely to expect their children to hold a part-time job at 15-18 years of age than low SES respondents (52%) and high SES respondents (none). All of the high SES respondents expected their children over 18 to hold a part-time job.

Similarly, low SES respondents were more likely to expect their children to hold a full-time job at a younger age than medium and high SES respondents. Thirty eight percent of the low SES respondents had this age expectation as compared to none of the medium SES and high SES respondents. In contrast, all of the medium SES and high SES respondents as compared to 62% of the low SES respondents expected their children over 18 to hold a full-time job.

PHASE III

One of the goals of Phase III was to design a model delivery system --- one that theoretically would enhance the utilization behavior of its clientele --- based on parameters identified in Phases I and II. Once designed, pilot implementation would then follow. The General Pediatrics Clinic of the Howard University Hospital was selected for this phase of the study. It should be noted that this facility was also one of the prime agencies interviewed in Phase I.

The General Pediatric Clinic is a part of the Ambulatory Service of the Department of Pediatrics and Child Health. It is located in the outpatient area of the new Howard University Hospital. There are approximately 500-600 visits per month to this clinic which is staffed by attending pediatricians, house staff (pediatric and family practice residents) and clinical nurses. There is also an actively involved Department of Social Service and Public Health Nursing. The clinic provides services to patients as well as teaching and training for medical students and residents.

In order to gain more specific information relative to utilization of this selected health care delivery facility and the population it served, a small survey was taken using a modified version of the client questionnaire. Twenty-five respondents were interviewed individually while they waited to see the doctor. With one exception, the respondents consisted of parents, guardians and care takers of the pediatric patients. The one exception was a seventeen year old patient who was interviewed.

As stated above, most of the sixty-one items on the questionnaire were taken from the Phase II Client Questionnaire (CQ) and modified for inclusion here. The remaining items were suggested by physicians in the Department of Pediatrics. All items were designed to get at the respondent's impressions of various aspects of the service received in the clinic. Of particular concern were impressions related to the following:

- image of facility in the community
- simplicity of appointment procedures
- appointment flexibility
- agency fees
- transportation
- waiting period for service
- constancy of physicians providing care
- staff characteristics and behavior
- communication
- family support systems
- health education

Twenty two (88%) of the respondents were female (See Table 5.1). Only three (12%) were male. The respondents ranged in age from seventeen (17) to fifty-nine (59) years. A slight majority (56%) of the patients were male. Forty-four percent (44%) were female. The pediatric patients ranged in age from two (2) months to seventeen (17) years (See Table 5.2).

TABLE 5.1

CLIENT QUESTIONNAIRE/PHASE III

Sex And Age Distribution
Of Respondents

SEX	NUMBER	AGE	NUMBER
MALE	3	17-24 years	10
FEMALE	22	25-40 years	8
		40-59 years	7
TOTAL	25		25

TABLE 5.2

CLIENT QUESTIONNAIRE/PHASE III

Sex And Age Distribution
Of Patients

SEX	NUMBER	AGE	NUMBER
MALE	14	2 mo - 23 months	9
FEMALE	11	2 years - 5 years	10
		6 years - 17 years	6
TOTAL	25		25

ANALYSIS OF SURVEY DATA

General Findings of the Survey

The majority of the respondents in this survey had a favorable impression of the Howard University Hospital Pediatric Clinic. Many of them were old patrons of Howard University Hospital who had come to Freedmen's Hospital for their medical care long before the new facility was opened. These clients seemed to be in awe of the new facility and this influenced their ratings of all aspects of the services they received. Table 5.3 (p. 65) summarizes findings.

Though most of the respondents had no suggestions for improving the Howard Pediatric Clinic, some of those who did offer suggestions felt: (1) that they should be able to communicate easier with the doctors by telephone; (2) that their child should be seen by only one doctor; (3) that the doctors should be on time; (4) that children should be supervised by aides in the play area while waiting for appointments.

Other suggestions for improvement which can be drawn from the data are: to provide more information to clients about where they should go to have their prescriptions filled and to increase the availability of information in the community about Howard University Hospital.

One problem area which several respondents noted related to the length of wait during appointments. At present, the clinic gives all patients 12:30 appointments for the afternoon clinic and therefore clients who are seen near the end of the clinic period have had the longest wait. A suggestion for improvement here was to assign clients

varying appointment times so that the length of wait would be minimized for all.

Some of the clients noted problems in understanding the explanations of their children's problems, and also in understanding what the foreign doctors were saying because of their accents. Nursing assistants or other medical technicians could be useful in these situations to bridge the gap between the clients and physicians.

Item Analysis

Reason for Attending Pediatric Clinic. The largest number of respondents, forty four percent (11) reported coming to the Clinic for follow up visits. Within this group, four were there for follow up from hospitalizations, two for follow up from emergency visits, three for follow up for ear infection, one for follow up from an emergency room visit (as well as for the Allergy Clinic) and one for follow up from an "illness."

The second largest number of respondents, ten (40%) reported that they came to the clinic for a "routine," "regular," or "general" check up. Within this group, one each reported coming to the clinic for regular check-ups for seizures and sickle cell anemia. One respondent each reported coming to see the neurologist, because of an upper respiratory infection, a fracture, and hyperactivity.

Reason for Choosing Howard University Hospital. Forty four percent (11) of the respondents reported that they had been to the Howard Pediatric Clinic previously, and they liked it. Thirty two percent (8) reported that their baby had been born there and that they never went anywhere else for health care. Location played a role for two respondents (8%) who reported choosing Howard because it was the closest

hospital, while one (4%) came to see a particular physician.

Length of Wait Before First Appointment. Sixty four percent (16) of the respondents reported no waiting period. Twenty four percent (6) reported a waiting period of less than one month, and three respondents did not know. (See Table 5.3).

Length of Wait to See Physican At Clinic. A large number of respondents (10 which represents 40%) reported having to wait one hour. Twenty four percent (6) reported waiting longer than one hour. Four percent (1) reported a wait of half an hour and another four percent (1) reported no wait. The remaining respondents did not know.

Problems With Clinic Fees. Since 60% of the respondents were covered by medicaid and 25% had other insurance, a majority had no problems paying clinic fees. However, 8% (2) of the respondents reported having problems.

Convenience Clinic Hours. The clinic hours were convenient for 84% of the respondents and inconvenient for 12%.

Transportation to Clinic. Private car and bus were the two most used modes of transportation to the clinic. One fourth of the respondents reported that they traveled to and from the hospital by private car (24%) and 20% of the respondents traveled by bus. Sixteen percent of the respondents reported that they walked to the hospital and 16% reported that they traveled by taxi. Twenty four percent (6) gave no answer.

Staff Attitudes and Characteristics. Questions in this area related to race, communications with staff, and politeness. Only one respondent had problems with racial differences of the staff at the hospital. This respondent also expressed concern with communication

gaps between foreign personnel and the clients. Other responses were as follows:

. Problems talking with staff at Howard Pediatric Clinic

Three fourths (76%) of the respondents reported that they have no problems talking with staff at the clinic. Twelve percent of the respondents expressed difficulty understanding staff explanations.

. Politeness of Physician Staff

Three fourths (76%) of the respondents rated the physician staff as "good" on this item. Eight percent of the respondents gave an "average" rating and 4% gave a "poor" rating. Twelve percent of the respondents fell into the "no answer" category.

. Politeness of Nursing Personnel

A majority of the respondents (84%) rated the nursing staff as "good" on this item. Twelve percent of the respondents gave an "average" rating.

. Politeness of Supportive Staff

A majority of the respondents (80%) rated the staff as "good" on this item. Twelve percent of the respondents gave an "average" rating and 4% gave a "poor" rating.

Staff Respect for Parent Knowledge of Child's Problem. Seventy six percent (76%) of the clients felt that staff respect for their own knowledge of their child's problem was good and twelve percent (12%) said it was average. Only four percent (4%) felt it was poor and eight percent (8%) did not respond.

Community Image of Facility. When questioned about the image of Howard University Hospital in the community, sixty four percent (64%) of the respondents thought the university's image was good, twenty four percent (24%) felt it was average and only four percent (4%) felt it was poor. Eight percent (8%) of those asked did not answer this question.

Sixty percent (60%) of the respondents said they thought the availability of information about Howard University Hospital was good and twenty percent (20%) said it was average. Twelve percent (12%) thought it was poor. Eight percent (8%) either didn't know or didn't answer.

Assistance Provided Family In Using Facility. Appointment flexibility and help with transportation were the two main types of assistance reportedly provided to the clients at Howard Pediatric Clinic. Sixteen percent of the respondents said that the clinic was flexible about appointments, 8% said that they were given help with transportation as well as appointment flexibility and 8% of the respondents said that they were given help with transportation. Sixty-eight percent reported receiving no assistance.

Babysitting Problems. Three fourths (76%) of the respondents reported that they did not have babysitting problems while keeping appointments at the clinic. Only 12% of the respondents reported having this problem and said that they had to bring the other children with them to the clinic. This question was not applicable to 12 percent of the respondents.

Respondent Suggestions for Change. When asked if there were any things they would change about the Howard University Hospital Pediatric

Clinic if they could, the following responses were given. Over half (60%) of the respondents did not feel any changes were needed in the pediatric clinic. One (4%) of the respondents each felt the clinic should provide: easier communication with the doctors by telephone; that their child should be seen by only one doctor, that the doctors should be on time, and that the play area should be available for the waiting children with aides to supervise them. Eight percent thought that the hours should be changed. Sixteen percent of the respondents either had no opinion or could not comment because it was their first visit.

TABLE 5.3

PROBLEMS ENCOUNTERED BY 25 USERS
OF THE HUH GENERAL PEDIATRIC CLINIC

PROBLEM AREA	NUMBER OF PATIENTS: PROBLEM	NO PROBLEM	NO ANSWER OR NOT APPLICABLE
Length of Wait Before First Appointment	6	16	3
Length of Wait to See Physician At Clinic (> 30 min)	16	2	7
Paying Clinic Fees	2	23	0
Transportation to Clinic	0	19	6
Racial Difference of Staff	1	24	0
Communication With Clinic Staff	4	21	0
Politeness of Physician Staff	1	20	4
Politeness of Nursing Staff	0	25	0
Politeness of Support Staff	1	23	1
Staff Respect for Parent's Knowledge	1	22	2
Babysitting	4	17	4
Image of Facility in Community	1	22	2

THE MODEL

Using the findings of Phases I and II (family and agency characteristics of importance in utilization behavior), and with input from the user-survey of the selected facility (conducted in Phase III), the design of the model was begun. The model described below is designed to foster maximum utilization of the Howard University Hospital General Pediatric Clinic (GPC) by its client population (this population includes children referred from the Child Development Center).

HOURS OF OPERATION

Operating hours for the GPC are to be changed from 12:30 p.m. - 3:00 p.m. weekdays to 8:00 a.m. to 11:00 p.m. weekdays. Though expanding clinic hours may not necessarily increase agency utilization, such expansion will relieve two problem situations which presently exist in the 12:30 p.m. to 3:00 p.m. clinic hours. First, the expanded hours will provide many more available hours for house officers and attending physicians to see patients; most importantly, time when they are free of other competing hospital duties. Secondly, the walk-in process, which will be introduced along with the expanded hours (see Appointment Procedures), will release the emergency room staff from "routine"care responsibilities, thereby permitting them to function more efficiently as an emergency care staff. Likewise, the delay for patients, who oft times must wait for long periods in the Emergency Care Area while more urgent emergency situations are being handled, will also be decreased.

APPOINTMENT PROCEDURES AND FLEXIBILITY

For maximum utilization it is important that appointment procedures be simple, clear, and uniform. The Outpatient Admissions Process will be streamlined so that only 10 minutes will be required for the clerk

to obtain necessary information for the record on "old patients"; a maximum of 15-20 minutes will be required of new patients. Once this process is completed the medical record of "old patients" will be immediately retrieved and delivered to the GPC.

Appointments will be of three types:

1. Call-In Appointments: These will be given for a specific time on either the same day (if patient desires) between the hours of 8:00 a.m. and 11:00 p.m., or for a future date as requested by the parent.
2. Walk-In Appointments: These will all be the same day, between the hours of 8:00 a.m. and 11:00 p.m., with patients being advised that they will be seen on a first come - first served basis. The walk-in clinic will decrease load and patient wait in the Emergency Room Area, allowing this area to handle only true emergencies as determined by a triage nurse in the Emergency Care Area.
3. Follow-Up Appointments: These appointments will be scheduled for a specific time (between 8:00 a.m. and 11:00 p.m.) and specific date.

Appointment clerks will be invited and encouraged (prior permission of supervisors obtained) to participate in GPC in-service conferences and will be included in the incentive awards program of the GPC (see Page 70). Participation is aimed at increasing staff politeness and helping attitudes toward the GPC patients and their parents.

AGENCY FEES

A majority of patients attending the GPC are covered by medicaid or other types of insurance which pay for clinic visits. This form of payment will continue to be accepted. However, because some parents without insurance find it very difficult to pay the standard agency fee, a sliding scale will be introduced for this pilot GPC operation (includes initial as well as follow-up visits). Payment over time will also be accepted for patients who must pay full fee, but have difficulty at the time.

TRANSPORTATION

The GPC is easily accessible by public transportation (bus and taxi) and no change is recommended. However, for patients who travel by private auto, parking is a major problem. Patient accessibility to an HUH parking facility would provide the ideal solution. However, until such a parking facility is constructed, this will continue to be a problem. Parents must be encouraged to seek other means of transportation, since no interim acceptable solution to the problem has been found.

CONSTANCY OF PRIMARY PHYSICIAN

To give clients a sense of individualized care the number of staff members responsible for care to a given client will be minimized. The aim is toward approximating the relationship which usually exists between private patient and private physician. Such a relationship will be encouraged not only between attending physician and patients, but also between house officers (residents) and patients. The expanded clinic hours will facilitate this process, by allowing hours during the day

and evening for clinic appointments when house officers, in particular, are free of other hospital responsibilities. Consequently, the house officer rotation schedule will no longer be a hampering factor in establishing a "my patient/my physician" relationship.

Punctuality will be stressed for both physicians and patients, so that the waiting period for service will not exceed 30 minutes. Clients will also be encouraged to call "their" physician whenever problems or questions arise, just as in private office practice. The switchboard operators will be encouraged to fully participate in locating physicians (all of whom will be equipped with paging devices).

WAITING PERIOD

The waiting period will be significantly reduced by the expanded clinic hours and by the assignment of specific appointment times. A "swing" staff will be available to handle "walk-ins". Subsequent follow-up appointments for "walk-ins" will be given on a specific time basis and assigned to a specific physician for continued care.

Factors contributing to a decrease in waiting periods are discussed in detail under several other categories (eg. Appointment Procedures, Constancy of Physicians, Clinic Hours).

COMMUNICATION

Every effort will be made to make communications with patients as clear and uncomplicated as possible. Physicians will avoid using technical terminology in discussing diagnosis and treatment (assistance for which will be handled in in-service conferences), and will request immediate feedback from patients to be sure that patients understand the intended message. Every aspect of care will be discussed with parents,

guardians, and children in language that each can understand. When communication with foreign personnel (or patients) presents a problem, each will be encouraged to use other staff members who are able to bridge this gap.

All clients will have an "end of visit" interview with the PHN staff to assure that health care provider communications have been understood by the client.

As stated earlier, telephone communication between staff and patients will be encouraged.

STAFF CHARACTERISTICS AND BEHAVIOR

Politeness, respect, and a helping attitude of staff are key factors in agency utilization. A campaign to encourage such behavior by all staff (physicians, nurses, social workers, appointment clerks, telephone operators, and other support personnel) will be initiated. In addition to visual reminders (motivational cartoons, etc.) on walls of clinic, a staff incentives program (recognition awards, prizes, certificates --- to be awarded quarterly) will be initiated. All levels of personnel named above will be included. In other words there will be positive reinforcement for desired behaviors.

In-service conferences will be held monthly and will include all level personnel. Some sessions will include a role-play format to foster staff sensitivity to racial, ethnic, SES and cultural differences affecting relationship between themselves and patients.

FAMILY SUPPORT SYSTEMS

The GPC will focus on strengthening the family network system wherever possible. Services will be designed to encourage maximum utilization by all members of the family.

One mechanism to be introduced is a coordinated clinic visits system. Included in this system will be GPC, General Medicine Clinic, Ob/Gyn Clinic and F.P. Clinic. When a child is brought to GPC other family members will be able to obtain medical care in any of the above clinics during the same time frame, necessitating only one visit to the HUH facility. One such coordinated system will be available during afternoon hours, and one during evening hours.

In order to facilitate such family utilization a Child Life program in the OPD will be initiated. This service will provide supervised care and play up to 3 hours per visit between 8 a.m. and 11 p.m., for:

1. Children attending GPC, both patients and siblings.
2. Children attending GPC and siblings while parents attend clinics in the coordinated visit program.
3. Children attending or enrolled in GPC or their siblings while parents attend family counselling or family education sessions.

A program of family education will be initiated by GPC staff and coordinated by the PR staff. This program will include audio-visual material (film, video-tapes, flyers, newsletters, etc.) for family members while in the waiting rooms, as well as weekly seminars/lectures on such topics as child rearing and parenting, financial management, career development and job opportunities, growth and development, nutrition, and preventive care, to name only a few.

HEALTH EDUCATION

Since most of the respondents in Phases I, II, and III reported being the first to notice symptoms in their children, it is important

that key family members know how to identify health problems and what to do about them when they occur. Individual and community health education programs will be conducted for this purpose. Examples of the health education program are as follows:

1) The GPC will conduct a continuous audio-visual program for parents in the GPC waiting area. Topics to be covered in these slide and film presentations will include, to name a few: normal growth and development, family nutrition, preventive health practices, recognizing illness in children, accident prevention, transmission of infectious diseases in children, childrearing and parenting skills, stimulating cognitive skills in infants and children, and recognizing handicapping conditions in the young child.
2) Weekly seminars/discussion groups for parents will be held in the HUH on a "topic of the week", selected from topics above and from others suggested by parents via a suggestion box in the GPC for this purpose.
3) A Health Education coordinator will arrange for similar discussions, audio-visual presentations, etc. with church, school, and community groups. These will be scheduled at the convenience of these groups (day or evening) at the rate of 1 per week.

IMAGE OF THE FACILITY IN THE COMMUNITY

A positive image of the agency in the community is necessary for maximum utilization. Also, information about agency services and procedures for obtaining same must be readily available to both individuals and other agencies. To help accomplish this a strong in-house public

relations (PR) will be undertaken and assistance from an outside public relations firm utilized.

In addition to developing attractive brochures, flyers, newsletters, and TV spots, the PR staff will seek to keep accomplishments of staff and facility, as well as human interest stories, before the community by way of newspaper, magazine and TV coverage.

Representatives of the hospital staff, coordinated by the PR staff will take the message of HUH to church groups, to elementary and secondary schools (public and private), and to community clubs and organizations. Additionally community establishments (barber shops, beauty parlors, etc.) will be included on the information distribution network. Volunteers for the hospital will also be solicited from all of these groups and resources.

DEMONSTRATION OF MODEL

Time (as a result of many factors) did not permit demonstration of this model during the funding period. However, it is anticipated that the Department of Pediatrics and Child Health will, in the not too distant future, seek to implement this design and to evaluate its effectiveness.

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APPENDIX A

CLIENT QUESTIONNAIRE

PHASE I

FAMILY STYLES AND AGENCY INTERACTIONS SURVEY

CHILD DEVELOPMENT CENTER
DEPARTMENT OF PEDIATRICS AND CHILD HEALTH
HOWARD UNIVERSITY COLLEGE OF MEDICINE

PHASE I

Control Number _____
Record of Interview
Day Commenced: _____
Day Completed: _____
Time Begun: _____
Time Ended: _____
Interviewer _____
Non-interview Reason
1 Unable to contact
2 Deceased
3 Temporarily absent
4 Refused
5 Other (Specify) _____

This Study Funded in Part by OCD/HEW Grant No. 90-C-258.

Hello Mr./Ms. _____

I am _____ from CDC. I am here to conduct the interview in which you have agreed to participate. The questionnaire we are using attempts to get information about different kinds of family styles and your impressions about the agencies to which we have referred you.

FAMILY STYLES AND AGENCY INTERACTIONS SURVEY

Child Development Center
Department of Pediatrics and Child Health
Howard University College of Medicine

Note: All information which permit identification will be held in strict confidence. It will be used only by those engaged in and for the purpose of this survey. This information will not be released or disclosed for any purpose.

SECTION A

BEGIN CARD 1

1. Control Number: _____ CC 1-6 (_ _ _ _ _ _)

2. Would you please tell me: (Refer to List I)

   1. Where you were born:
      City _____ State _____ CC 7-8 (_ _)
   2. Where you lived while growing up (to age 16) :
      1 City _____ State _____ CC 9-10 (_ _)
      2 City _____ State _____ CC 11-12 (_ _)

3. What is your present marital status? (Circle all that apply and read categories) CC 13-14 (_ _)

   1 Married
   2 Single (Probe carefully, then Skip to #5)
   3 Separated
   4 Divorced
   5 Widowed
   6 Living Together
   7 Other (Specify) _____

4. Is/was your marital situation racially mixed or are you and your mate of the same racial background? CC 15 (_)

   1 Mixed
   2 Non-mixed

5. What is your relationship to _____ (patient)? CC 16 (_)

   1 Mother
   2 Father
   3 Foster Parent
   4 Guardian
   5 Other (Specify) _____ } Skip to #7

6. Is your spouse/mate the father/mother of _____?
(patient)

1 Yes
2 No

CC 17 (_)

7 What is the highest level of schooling completed by _____ parents?
(patient's)
(If college, indicate number of years and degree completed.) Use List II.

CC 18-23 (_ _ _ _ _ _)
CC 24-29 (_ _ _ _ _ _)

	Grade	Yrs. Coll.	Deg. Rec'd	DK
1. Father	_____	_____	_____	_____
2 Mother	_____	_____	_____	_____

8. Are you currently employed?

CC 30 (_)

1 Yes
2 No (Skip to #10)

9. Where are you employed? (Record occupation and use List III to determine government status)

CC 31 (_)

1 Federal Government
2 Local Government
3 Private Enterprise
4 Self Employed
5 International Agency

10. What is/was: (Use List III to determine occupation)

1 Your occupation _____ _____ CC 32-33 (_ _)
2 Child's father's occupation _____ CC 34-35 (_ _)
3 Child's mother's occupation _____ CC 36-37 (_ _)
4 Spouse/mate's occupation _____ CC 38-39 (_ _)
5 Never Employed

11. Would you tell me approximately what your total family income was last year?

CC 40-41 (_ _)

1 Less than $3,000
2 $ 3,000 - 4,999
3 $ 5,000 - 6,999
4 $ 7,000 - 8,999
5 $ 9,000 - 10,999
6 $11,000 - 12,999
7 $13,000 - 14,999
8 $15,000 - 16,999
9 $17,000 - 18,999
10 $19,000 - 20,999
11 $21,000 - 24,999
12 $25,000 and over
13 Don;t know

12. Now I would like to ask you some questions about the people in your household. First, would you tell me the persons who live here by their relationship to you beginning with yourself.

What is the sex of each person?
What is the age of each person?
What is the race of each person?
What is the highest level of schooling?

Is there anyone else who lives here but is absent? Please give similar information.

DO NOT CODE

HOUSEHOLD CHARACTERISTICS							
Relationship to Key Person	Age	Sex		Race			Highest Level of Schooling
		M	F	W	B	O	

DEDUCE FROM #12, DON'T READ.

13. Description of household in terms of family structure.

CC 42 ( )

One-Parent Family

1 Nuclear - parent and own child(ren)
2 Extended - with other kin
3 Augmented - unrelated persons

Two-Parent Family

4 Nuclear - parent and own child(ren)
5 Extended - other kin
6 Augmented - unrelated persons

7 Other (Specify) _____

NOW LET US TALK A LITTLE ABOUT YOUR HOME.

14. Describe your dwelling, telling me how many rooms there are. (READ TYPES FIRST, THEN ASK FOR NUMBER OF ROOMS)

CC 43-45 (_ _ _)

	Type	Number of Rooms
1	Apartment (Highrise, garden)	
2	Rooming House	
3	Rented room, in private home	
4	Detached home	
5	Duplex or semidetached	
6	Townhouse	
7	Other (Specify) _____	

15. How satisfied are you with the following features in your home? (CARD NEEDED)

CC 46-51 (_ _ _ _ _ _)

	FEATURES	LEVEL OF SATISFACTION				
		Very Satis.	Satis.	Indiff.	Dis-satis.	Very Dissatis.
1	Appearance	1	2	3	4	5
2	State of repair	1	2	3	4	5
3	Comfort in terms of space	1	2	3	4	5
4	Available appliances	1	2	3	4	5
5	Plumbing	1	2	3	4	5
6	Heating facilities	1	2	3	4	5

16. Is this housing private rental, public rental or are you buying?

CC 52 (_)

1 Private rental
2 Public rental
3 Buying
4 Don't know

17. How long have you lived at the following? (If more than 15 years skip to #20)

CC 53-55 (_ _ _)

		Months	Years
1	Your Present Address	____	____
2	In the Washington Metropolitan Area	____	____

CC 56-58 (_ _ _)

18. How many times have you moved in the last 15 years?

CC 59 (_)

1 No moves (Skip to #20)
2 1 - 3 times
3 4 - 6 times
4 7 - 9 times
5 10 - 12 times
6 13 - 15 times
7 16 or more

19. What was the major cause for your moving the last time? (Probe carefully)

CC 60 (_)

1 Job opportunity - self or other key family member
2 To be near relatives
3 Better schools
4 Better housing
5 Better support facilities
6 Property damage
7 Eviction
8 Other reasons (Specify) _____

CC 61-62 (_ _)
CC 63-64 (_ _)
CC 77-80 (_ _)

END CARD I

SECTION B
FAMILY EXPECTATIONS AND AGENCY INTERACTION

AT THIS POINT LET US TALK ABOUT YOUR SEEKING HELP FOR _____ (patient), AND YOUR EXPERIENCES WITH COMMUNITY AGENCIES.

CC 1-6 (_ _ _ _ _ _)

20. How did you FIRST become aware that _____ (patient) needed special help.

BEGIN CARD II

CC 7 (_)

1 Noticed symptoms myself
2 Told by private physician
3 Received advice from friends
4 Told by clinic staff
5 Observed by school
6 Noticed by family/relative
7 Other (Specify) _____

21. Who influenced you to seek help for _____ (patient)?

DO NOT CODE

1 Family
2 Self
3 Agency
4 Friends
5 School
6 Physician
7 Mate
8 Older sibling
9 Extended kin (Grandparents)
10 Collateral kin
11 Other (Specify) _____

22. Who was the one person MOST responsible for advising you to seek help? (Circle one response)

CC 8-9 (_ _)

1 Self
2 Mate
3 Older sibling
4 Extended kin
5 Collateral kin
6 Clergy
7 Friend
8 Social worker
9 Physician
10 School personnel/Agency
11 Other (Specify) _____

23. Who told you to come to the Child Development Center at Howard?

CC 10-12 (_ _ _)

To CDC

1. Family: _____
2. Medical: _____
3. School/other: _____

24. What did you think was the matter with _____ when you brought him/her to CDC? (RECORD VERBATIM)
(patient)

DO NOT CODE

_____
_____
_____
_____

25. Exactly what did the Child Development Center say was the matter with _____?
(patient)

CC 13 (_)

1 MR
2 SLD
3 Emotional
4 Speech
5 Multiple (Specify) _____
6 Unknown
7 Other (Specify) _____

26. To what place(s) did CDC send you after _____ had been tested and evaluated? (patient)

CC 14-15 (__)

From CDC	Type of Agency
1. _____	1 Public School - Elementary
2. _____	2 Public School - Secondary
3. _____	3 Public School - Spec. Ed.
	4 Private School - Regular
	5 Private School - Special
	6 Private School - Parochial
	7 Public Residential
	8 Private Residential
	9 Hospital - Clinic
	10 Social Service (Medicaid, Food Stamps, Protec. Serv., etc.)
	11 Multiples

27. After Child Development Center recommended you to _____ did you use any other Agency? (place)

1 Yes 2 No (Skip to #31) CC 16 (__)

28. How many did you use?

CC 17 (__)

1 Used 1 other Agency
2 Used 2 other Agencies
3 Used 3 other Agencies
4 Used more than 3 Agencies

29. What were the names of these other Agencies?

CC 18-25 (_____)

Name	What kind of help were you looking for?
1. _____	1.
2. _____	2.
3. _____	3.
4. _____	4.

30. Who referred you to the other Agency(cies)? (Circle all that apply)

CC 24 - 30 (_ _ _ _ _)

1 CDC
2 First referral Agency
3 Outsider-private physician, friend, school, etc.
4 Self
5 Other (Specify) _____

31. After the evaluation and interpretation at Child Development Center did you agree, disagree or have mixed opinions about the reasons given for sending you to the _____ Agency?
(CDC Referral)

CC 31 (_)

1 Agreed (Omit #33)
2 Disagreed
3 Ambivalent

32. What made you feel that way?

CC 32 (_)

1 Felt treatment unnecessary
2 Disagree with diagnosis
3 Distrustful of the diagnosing Agency
4 Other (Specify) _____

32 A.

INSERT THE NAME AND ADDRESS OF THE AGENCY WHICH IS OF PRIME INTEREST IN THIS STUDY.

Name of Agency _____

Address _____

_____

City State Zip

CC 33 - 34 (_ _)

NOW I WANT TO ASK YOU ABOUT _____.
(Prime Agency)

33. Are you still in contact with this Agency/School?

CC 35 (_)

1 Yes 2 No

34. Why? _____ DO NOT CODE

_____

_____

35. How long after the CDC referral/recommendation was it before you got in touch with _____?
(Prime Agency)

CC 36 (_)

1 Less than 1 week (Go to #39)
2 1-2 weeks
3 3-4 weeks
4 5-8 weeks
5 9-12 weeks
6 More than 12 weeks

36. Why did it take you _____?
(Time from #35)

CC 37 (_)

1 Needed some time to consider the decision
2 Didn't fully agree with CDC interpretation
3 Didn't see situation as urgent
4 Worried about stigmatization of child
5 Worried about stigmatization of parent
6 Worried about establishing new contact
7 Delay in processing of referral
8 More pressing problems within family
9 Other (Explain) _____

37. What did you think about _____ before making contact?
(Agency)

DO NOT CODE

_____

_____

_____

38. Why did you think that way?

CC 38-39 (_ _)

1 Prior experience with Agency
2 Friends
3 Family
4 Private physician/CDC
5 Information from another consumer
6 Another Agency/School
7 General community talk
8 Media sources
9 Generalization from past experiences
10 No real basis
11 Other (Specify) _____

39. How did you make your first contact with the referral Agency?

CC 40 (_)

1 By telephone
2 By letter
3 By personal appearance } Skip to 41
4 Other (Specify) _____

40. What kind of discussion took place on the phone?

CC 41 (_)

1 Asked to give details surrounding patient's illness
2 Informed about Agency policies concerning scheduling, billing procedures, etc.
3 Informed of Agency objectives to be accomplished through treatment
4 Informed of Agency services
5 No information volunteered or elicited
6 Multiples of above
7 Other (Specify) _____

41. After the initial contact with the Agency, how did you feel about _____ (patient's) chances for improvement?

CC 42 (_)

1 Had high hopes for the child
2 Thought there was some chance for child's improvement
3 Had no opinion
4 Thought patient might not get better
5 Thought patient would not be help at all
6 Other (Specify) _____

42. How long did you have to wait before your first appointment at _____ (Prime Agency)?

CC 43 (_)

1 No waiting period
2 Less than 1 month
3 1 - 6 months
4 7 - 12 months
5 13 - 18 months
6 19 - 24 months
7 More than 24 months

43. How long did you have to wait before treatment/program began for _____ (patient)?

CC 44 (_)

1 No waiting period
2 Less than 1 month
3 1 - 3 months
4 4 - 6 months
5 7 - 9 months
6 10 - 12 months
7 More than 12 months

44. After your first visit, was there any change in your opinion of the Agency?

CC 45 (_)

1 Felt the same - no change
2 Partially changed (Explain) _____
3 Completely changed my mind (Explain) _____

45. What did anyone at _____ (Prime Agency) do in this early contact that caused you to feel this way? (Write Response) DO NOT CODE

_____
_____
_____

46. How many people have had responsibility for your case? What were their roles?

CC 46-47 (_ _)

# of Persons	Role(s) of Worker DO NOT CODE
1 One person	_____
2 Two persons	_____
3 Three persons	_____
4 Four persons	_____
5 More than four persons	_____

47. Did anyone in the school system initially refer the child to CDC for evaluation?

CC 48 ( )

1 Yes 2 No (Go to #49)

48. If yes, who?

CC 49 ( )

1 Classroom teacher
2 Counselor
3 School psychologist
4 Pupil Personnel Worker
5 Principal
6 Other (Specify) _____

49. If reports from CDC were sent to Pupil Personnel, were they accepted or did Pupil Personnel make a different recommendation?

CC 50 ( )

1 No different recommendation made (Go to #52)
2 Special education program
3 Private school selected at Pupil Personnel discretion
4 Further evaluation required
5 No treatment needed
6 No report sent
7 Other (Special) _____

50. If a different recommendation was made by Pupil Personnel, what was the basis for their recommendation?

CC 51 ( )

1 Psychological testing implemented by Pupil Personnel
2 Past classroom performance
3 Don't know
4 Other (Specify) _____

51. If a different recommendation was made by Pupil Personnel, which one did you accept?

CC 52 (_)

1 CDC
2 Pupil Personnel
3 Took no action
4 Other (Specify) _____

52. If CDC recommendation was accepted by Pupil Personnel, how long did it take to be implemented?

CC 53 (_)

1 Less than 1 month
2 1 - 6 months
3 7 - 12 months
4 More than 12 months

53. What kind of problems, if any, have you encountered through the use of this _____ program?
(school)

CC 54-61 (_ _ _ _ _ _ _ _)

1 None (Skip to #57)
2 Transportation program
3 Treatment for child
4 Unreliability of school based programs
5 Counseling
6 Excessive forms to fill out
7 Failure to identify particular contact person within school system
8 Other (Specify) _____

54. What action did you take in order to obtain the necessary treatment for your child within or through the public school system? (Probe)

CC 62 (_)

1 No action necessary
2 Transferred patient from one school to another within same school district
3 Transferred patient from one state to another
4 Changed residences in order that patient would be able to attend the present school
5 Had to take legal action (Answer #55)
6 Other (Specify) _____

55. How long was it before the case was settled?

CC 63 (_)

1 Less than 6 months
2 6 months to 1 year
3 Longer than 1 year
4 Still in litigation (Skip to #57)

56. After the case was settled, how long did it take for the child to get the necessary treatment through the public school system?

CC 64 (_)

1 Less than 6 months
2 6 months to 1 year
3 Longer than 1 year

57. What portion of _____ education/treatment is being paid for by the public school? (patient's)

CC 65 (_)

1 None
2 Less than half
3 More than half
4 All
5 Transportation only

58. What suggestions do you have for improvement of the public school system based on your experience? (Record Verbatim)

DO NOT CODE

1. _____
2. _____
3. _____

THE NEXT FEW QUESTIONS CONCERN AREAS WHEREIN DIFFICULTIES COULD HAVE OCCURRED. LET US EXPLORE THEM.

59. Did you have any problem paying the _____ fees? (Omit if Prime Agency is public school) (Prime Agency)

CC 66-67 (_ _)

1 NA
2 No
3 Yes. How did you handle it?

1 Adjusted budget
2 Made a loan
3 Received a scholarship
4 Couldn't cope with the problem
5 Other (Specify) _____

60. Did you have any problem with transportation?

CC 68-77 (_____)

1 No

2 Yes. What was the problem? (Circle all that apply) END CARD II

CC 78-80 (__)

1 Transportation
2 ~~Public transportation~~ not available
3 Public transportation ride too long
4 Public transportation has more than 3 transfer points BEGIN CARD III
5 Private car not available
6 Taxi ride too expensive
7 Agency transportation unreliable
8 No parking facilities
9 Other (Specify) _____

CC 1-6 (_____)

61. Was babysitting for your other children a problem (if applicable)?

CC 7-12 (_____)

1 No

2 Yes. How did you handle it?

1 Children kept by relatives
2 Children kept by neighbor or friends
3 Hired babysitter
4 Took other children with me
5 Other (Specify) _____

(ASK ONLY IF RESPONDENT IS EMPLOYED)

62. Did keeping appointments at Agency/School create problems on your job?

CC 13-16 (___)

1 No

2 Yes. How did you handle it?

1 Scheduled appointments during non-working hours
2 Took leave even though supervisor/employer was not cooperative
3 Other (Specify) _____

WE ARE INTERESTED IN KNOWING THE FAMILY'S REACTION TO THE PLANNED TREATMENT FOR _____ (patient), AND ALSO, WHAT OTHER PROBLEMS, INTERNAL AND/OR EXTERNAL EXIST AROUND THE CHILD.

63. Has there been any family disagreement concerning _____ (patient's) treatment?

1 Yes 2 No

CC 17 (_)

Tell me about it: _____

64. How do the relatives view the treatment planned for _____ (patient)?

CC 18 (_)

1 Approve
2 Disapprove
3 Never discussed
4 Waiting for signs of improvement
5 No opinion
6 Other (Specify) _____

65. What kinds of actions have the family taken regarding _____ (patient's) problem since referral services? (Circle all that apply; read the categories)

CC 19-21 (_ _ _ _ _ _)

1 None
2 Held family conferences concerning his progress
3 Had discussions with Agency personnel
4 Had discussions with peers
5 Had discussions with community leaders
6 Other (Specify)

66. Within this family, do any problems of the following kind exist?

CC 25-11 (_ _ _ _ _ _ _)

1 Tuition payment
2 Illness other than patient
3 Juvenile deliquency
4 Sibling rivalry
5 Marital discord
6 Financial
7 Other (Explain) _____

67. What degree of illnesses has the family experienced, past and present cases, and what kinds of services were used to take care of them? (Card Needed)

DO NOT CODE

Family Member and Degree of Illness		KINDS OF SERVICE											
		Previous Cases						Current Cases					
		Pvt. Doc.	Soc. Wkr.	Hosp. or Clin.	Em. Sv.	Pvt. Ag.	D K	Pvt. Doc.	Soc. Wkr.	Hosp. or Clin.	Em. Sv.	Pvt. Ag.	D K
1 Key Person:													
None	1	1	2	3	4	5	6	1	2	3	4	5	6
Acute	2	1	2	3	4	5	6	1	2	3	4	5	6
Chronic	3	1	2	3	4	5	6	1	2	3	4	5	6
2 Mother/Mate:													
None	1	1	2	3	4	5	6	1	2	3	4	5	6
Acute	2	1	2	3	4	5	6	1	2	3	4	5	6
Chronic	3	1	2	3	4	5	6	1	2	3	4	5	6
3 Father/Mate:													
None	1	1	2	3	4	5	6	1	2	3	4	5	6
Acute	2	1	2	3	4	5	6	1	2	3	4	5	6
Chronic	3	1	2	3	4	5	6	1	2	3	4	5	6
4 Siblings:													
None	1	1	2	3	4	5	6	1	2	3	4	5	6
Acute	2	1	2	3	4	5	6	1	2	3	4	5	6
Chronic	3	1	2	3	4	5	6	1	2	3	4	5	6
5 Other Rel.:													
None	1	1	2	3	4	5	6	1	2	3	4	5	6
Acute	2	1	2	3	4	5	6	1	2	3	4	5	6
Chronic	3	1	2	3	4	5	6	1	2	3	4	5	6

68. How is general health care handled in your family?

CC 32 ( )

1 Private Doctor
2 Social Worker
3 Hospital
4 Emergency Service
5 Private Agency
6 Never make visits

69. In general, at what point do you seek medical help when you are ill? (Probe carefully)

CC 33 (_)

1 Never
2 At the onset
3 Only if pain is present
4 Only if pain is unbearable
5 When I begin to feel really bad
6 Crisis situation
7 When financial situation is feasible
8 Other (Specify) _____

70. Do you have a current health problem?

CC 34 (_)

1 Yes 2 No (Skip to #72)

71. If yes, how does it affect family activities? (Probe carefully)

CC 35 (_)

1 Does not hamper activity within the family
2 Neglects self in order to cope with patient
3 Neglects others in family in order to cope with patient and self
4 Neglects patient to cope with family and self
5 Neglects patient and family to cope with self
6 Evokes greater cooperation from other members of family, relatives, and/or friends
7 Other (Specify) _____

72. How does _____ condition affect the operation of your household?
(patient)

CC 36-42 (_____)

1 No special attention necessary
2 Rules changed for patient vs other household members
3 Meals and other family activities revolve around patient
4 Use of special equipment necessary
5 Respondent uses escape mechanisms
6 Must spend a lot of time away from household responsibilities
7 Other (Specify) _____

73. How have you been personally affected by the additional pressures and responsibilities brought on as a result of _____ condition? (Circle all that apply. Probe carefully).
(patient)

CC 43-50 (_____)

1 Not at all
2 Physical discomfort/MENTAL STRESS
3 Excessive sleep
4 Use of drugs
5 Display of temper
6 Use of alcohol
7 Counselling sessions
8 Other (Specify) _____

74. In what areas has _____ (patient's) enrollment in _____ (Prime Agency) affected your daily activities?
(Circle all that Apply - Probe carefully)

CC 51-58 (_ _ _ _ _ _ _ _)

1 No areas affected
2 Meals
3 Chores
4 Discipline
5 Social Activities
6 More family interaction
7 Less family interaction
8 Other (Specify) _____

75. What rejection or forms of rejection, if any, has there been of the child and/or the family as a result of his problem? (Circle all that apply) Probe if necessary)

CC 59-65 (_ _ _ _ _ _ _)
CC 66-72 (_ _ _ _ _ _ _)

SOURCE OF REJECTION	EXPERIENCED BY	
	CHILD	FAMILY
1 No noticeable rejection (Skip to #78)	1	1
2 Within neighborhood	2	2
3 At school	3	3
4 At church	4	4
5 Members of the household/family	5	5
6 Community functions	6	6
7 Other (Explain) _____	7	7

76. How is this rejection shown? (Circle all that apply)

CC 73-78 (_ _ _ _ _ _)

1 Taunting/teasing
2 Gossip
3 Exclusion
4 Physical abuse
5 Curiosity
6 Other (Specify) _____

CC 79-80 (_ _) END CARD III

CC 1-6 (_ _ _ _ _ _) BEGIN CARD II

77. How does _____ (patient) react to this rejection; how does the family react to this rejection? (Circle all that apply)

CC 7-15 (_ _ _ _ _ _ _ _ _)
CC 16-24 (_ _ _ _ _ _ _ _ _)

	Patient's Reaction	Family Reaction
1 Withdrawal	1	1
2 Verbal retorts	2	2
3 Hostile action	3	3
4 Acceptance	4	4
5 Ignore	5	5
6 Patience	6	6
7 Protection	7	7
8 Cries	8	8
9 Other _____ (Explain)	9	9

LET US LOOK AT YOUR GENERAL REACTIONS TO VARIOUS TYPES OF PERSONAL CHARACTERISTICS:

78. How do you relate to the following types of individuals? (GIVE RATING SCALE CARD)

DO NOT CODE

CHARACTERISTICS	RELATING SCALE						
	Very Well	Well	Fair	Poor	Not At All	Indiff.	No Contact
1 SEX:							
Men	1	2	3	4	5	6	7
Women	1	2	3	4	5	6	7
2 AGE:							
1 Teenagers	1	2	3	4	5	6	7
2 Young Adults (20-25)	1	2	3	4	5	6	7
3 Middle-Aged	1	2	3	4	5	6	7
4 People over 60	1	2	3	4	5	6	7
3 PHYSICAL CHAR.:							
1 Handicapped	1	2	3	4	5	6	7
2 Extremely short	1	2	3	4	5	6	7
3 Extremely tall	1	2	3	4	5	6	7
4 Extremely thin	1	2	3	4	5	6	7
5 Extremely fat	1	2	3	4	5	6	7
6 Seemingly homosexual	1	2	3	4	5	6	7
7 Extremely fair-skinned	1	2	3	4	5	6	7
8 Extremely dark-skinned	1	2	3	4	5	6	7
4 EDUCATION:							
1 Less educated than self	1	2	3	4	5	6	7
2 Better educated than self	1	2	3	4	5	6	7
5 RACE:							
1 Black	1	2	3	4	5	6	7
2 White	1	2	3	4	5	6	7
3 Other racial groups	1	2	3	4	5	6	7
6 PERSONAL APPEARANCE:							
1 Neat	1	2	3	4	5	6	7
2 Untidy	1	2	3	4	5	6	7

79. Which, if any, of the characteristics mentioned above gave you problems in your contact with the staff at _____? (READ EACH. CIRCLE ALL THAT APPLY)
(Prime Agency)

1 None
2 Sex
3 Age
4 Physical characteristics
5 Educational differences
6 Racial differences
7 Personal appearance

CC 25-31 (_ _ _ _ _ _ _)

80. What is your attitude towards _____? (Give card and circle one)
(Prime Agency)

1 Very Good
2 Good
3 Indifferent
4 Bad
5 Very Bad

CC 32 (_)

LET US LOOK AT SOME QUALITIES OF THE AGENCY WHICH MAY HAVE CONTRIBUTED TO YOUR ATTITUDE.

81. As I read each one, tell me how you rate each of the following factors about _____. (GIVE RATING SCALE CARD. CIRCLE ALL THAT APPLY)
(Agency)

CC 33-40 (_ _ _ _ _ _ _ _)
CC 41-46 (_ _ _ _ _ _ _)

FACTORS	RATINGS				
	Very Good	Good	Indiff.	Poor	Very Poor
1 Politeness of staff	1	2	3	4	5
2 Ability of staff to do their job	1	2	3	4	5
3 Ability of staff to develop your trust	1	2	3	4	5
4 Privacy during interview sessions	1	2	3	4	5
5 Physical surroundings	1	2	3	4	5
6 Attitude of Professional Staff	1	2	3	4	5
7 Agency flexibility with respect to fees, appts., etc.	1	2	3	4	5
8 Image of Agency in community	1	2	3	4	5
9 Availability of information about the Agency	1	2	3	4	5
10 Agency's respect for your knowledge of the problem	1	2	3	4	5
11 Agency acceptance of your personal appearance	1	2	3	4	5
12 Respect and acceptance of your personal opinions	1	2	3	4	5
13 Attitude of non-professional staff	1	2	3	4	5
14 Treatment re program for _____ (patient)	1	2	3	4	5

82. What problem, if any, did you have in talking with staff?

CC 47 ( )

1 No problems talking with staff
2 Difficulty expressing own concerns
3 Difficulty understanding staff explanations
4 Confused as to whom to talk to
5 Staff too abrupt
6 Never ventured discussion with staff
7 Other (Specify) _____

83. What kinds of assistance did the Agency provide you in order to help you use its services? (PROBE and CIRCLE ALL THAT APPLY)

CC 41-56 (_ _ _ _ _ _ _ _ _ _)

1 Fees adjusted
2 Babysitter service and/or accommodations provided
3 Appointment flexibility possible
4 Transportation provided for patient/respondent
5 Consultation services provided
6 Therapeutic sessions offered - (parent training)
7 Home visits made
8 Clothing and other basic necessities provided
9 Other (Specify) _____

84. If you directed _____ what changes would you make to improve
(Agency)
services? (If any)

DO NOT CODE

_____

_____

85. What is your preference for using available agencies/schools in the Metropolitan Area. (GIVE POSSIBILITIES. CODE 1 RESPONSE)

CC 57 ( )

1 Own neighborhood clinics/services
2 Facilities in other neighborhoods
3 University sponsored programs
4 Federally sponsored programs
5 Military facilities
6 Any agency that serves child best regardless of location or sponsor
7 Other (Specify) _____

86. Why do you prefer (enter response from #85) _____? (Write in response)

DO NOT CODE

_____

_____

SECTION C
FAMILY STYLES AND SOCIALIZATION PATTERNS

NOW I WOULD LIKE TO ASK YOU SOME QUESTIONS ABOUT YOUR HOUSEHOLD AND THE FAMILY RELATIONSHIPS.

87. In your household, who makes most of the decisions about the children? (Record). Now, what about in matters other than the children, who makes those decisions? (ASK EACH AREA OF CONTROL SEPARATELY)

CC 58-65 (_ _ _ _)

DECISION-MAKER	AREAS OF CONTROL			
	Child.	Expend.	Recreation Activities	Household Act.
1 Self	1	1	1	1
2 Husband/wife/partner (Circle)	2	2	2	2
3 Older sibling	3	3	3	3
4 Other member of household	4	4	4	4
5 Other family member (kin)	5	5	5	5
6 Joint decision	6	6	6	6
7 No set pattern	7	7	7	7
8 Other (Specify) _____	8	8	8	8

88. Tell me whether you are satisfied with your family's way of handling decisions in each of these areas. (ASK ABOUT EACH area of control separately and RECORD BELOW)

CC 66-69 (_ _ _ _)

AREAS		Dissatisfied (PROBE)		
	Satisfied	More Responsibility	Less Responsibility	Other
1 Children	1	2	3	4
2 Expenditures	1	2	3	4
3 Recreation Activities	1	2	3	4
4 Household Activities	1	2	3	4

(ASK ONLY IF NOT THE MARRIED BIOLOGICAL PARENTS)

89. SOME PEOPLE MAINTAIN CLOSE CONTACT WITH THEIR RELATIVES REGARDLESS OF HOW FAR AWAY THEY LIVE, WHILE OTHERS DO NOT. I WOULD LIKE TO ASK YOU ABOUT THE AMOUNT OF CONTACT YOU HAVE WITH YOUR RELATIVES. CONTACT REFERS TO VISITS, TELEPHONE CALLS, AND/OR CORRESPONDENCE.

CC 70-74 (_ _ _ _)

a. Does Mr./Ms. _____ function as a parent to the children?
1 Yes 2 No

b. Does anyone function as a father/mother to the children?
1 Yes 2 No

c. Do you and/or the children maintain contact with biological parent?
1 Yes 2 No

d. Do you and/or the children maintain contact with Mr./Ms. _____ relatives?
1 Yes 2 No

e. Do you and/or the children maintain contact with the biological parent's relatives?
1 Yes 2 No

90. How frequently do you maintain contact with your relatives in town?

CC 75-76 (_ _)

	Your Rel.	Other Rel.
1 Often	1	1
2 Seldom	2	2
3 Not at all	3	3
4 No relatives	4	4

91. How frequently do you maintain contact with your relatives out of town?

CC 77-78 (_ _)

	Your Rel.	Other Rel.
1 Often	1	1
2 Seldom	2	2
3 Not at all	3	3
4 No relatives	4	4

CC 79-80 (_ _) END CARD IV

CC 1-6 (_ _ _ _ _ _) BEGIN CARD V

92. Who are the three persons other than your children to whom you feel closest emotionally?

CC 7-9 (_ _)

1 _____ 2 _____ 3 _____

93. Why do you feel that way? _____

DO NOT CODE

PEOPLE HAVE DIFFERENT FEELINGS ABOUT WHAT TO DO WHEN HELP IS NEEDED. SOME TURN TO FAMILY MEMBERS, OTHERS PREFER TO TURN TO FRIENDS AND NEIGHBORS. LET US DISCUSS TYPES OF ASSISTANCE PROVIDED AND/OR RECEIVED BY YOUR FAMILY. (Ask each area separately)

94. What types of assistance do you, your spouse/mate and children PROVIDE for relatives? Under what situations would you say that it is provided routinely or in times of crises.

What types of assistance do you, your spouse/mate and children RECEIVE from relatives? Under what situations would you say that it is received, routinely or crises? What about other kinds of assistance you get?

CC 10-19 (_____)
CC 20-29 (_____)

TYPE OF ASSISTANCE	PROVIDED		RECEIVED	
	Routine	Crisis	Routine	Crisis
1 None (Skip to #95)	0	0	0	0
2 Child Care	1	2	3	4
3 Food and/or clothing	1	2	3	4
4 Money	1	2	3	4
5 Household help	1	2	3	4
6 Transportation	1	2	3	4
7 Emotional support	1	2	3	4
8 Recreational/Social outlet	1	2	3	4
9 Advice	1	2	3	4
10 Other (Specify) _____	1	2	3	4

95. Why don't you or your family (provide/receive) help from relatives? (Use "provide" or "receive" according to response #94)

CC 30-36 (_____)
CC 37-42 (_____)

REASONS	ASSISTANCE		
	Do Not Provide	Do Not Receive	Both
1 Assistance never requested	1	2	3
2 Assistance not needed	1	2	3
3 Reluctance to become involved	1	2	3
4 Don't feel close enough to ask them	1	2	3
5 Assistance never offered	1	2	3
6 Don't feel one should	1	2	3
7 Felt that their other obligations were more pressing	1	2	3
8 Strong dislike for relatives	1	2	3
9 Age	1	2	3
10 Illness	1	2	3
11 Distance	1	2	3
12 Their financial status does not permit	1	2	3
13 Other (Specify) _____	1	2	3

96. Some people feel that it is alright to turn to their relatives for help in difficult situations. To what extent do you agree with this?

CC 43 ( )

1 Strongly Agree
2 Agree
3 No Opinion
4 Disagree
5 Strongly Disagree

97. Why do you feel this way?

CC 44 ( )

1 Families should stick together
Tradition
2 Usually no place else to turn
3 Excellent rapport with relatives
4 Lack of trust in professionals
5 Person should be self-reliant
6 Don't like relatives
7 Not tratidional in family
8 Have trust in professionals
9 Other (Specify) _____

98. Are there any situations in which you would NEVER request help from relatives?

CC 45 ( )

1 Yes 2 No (Skip to #100)

99. Name some situations in which you would NEVER request help from relatives:

DO NOT CODE

1. _____

_____

2. _____

_____

3. _____

_____

100. Do you ever feel that relatives sometimes ask you for too much help?

CC 46 ( )

1 Yes 2 No 3 No Opinion

LET'S TALK FOR A MOMENT NOW ABOUT YOUR NEIGHBORHOOD AND YOUR NEIGHBORS:

101. How would you rate this neighborhood in terms of the following features? (Card needed)

CC 47-54 (_ _ _ _ _ _ _ _)

FEATURES	RATINGS					
	Very Good	Good	Indifferent	Poor	Very Poor	None Available
1 Appearance	1	2	3	4	5	6
2 Safety	1	2	3	4	5	6
3 Schools	1	2	3	4	5	6
4 Shopping Facilities	1	2	3	4	5	6
5 Transportation	1	2	3	4	5	6
6 Municipal Services: (Trash, Water, Lighting, etc.)	1	2	3	4	5	6
7 Recreational Facilities	1	2	3	4	5	6
8 Health Facilities	1	2	3	4	5	6

102. If you could choose your neighbors, would you say that the ones you now have are the kind of neighbors you would choose? (Read choices)

CC 55 (_)

1 Most of them are 2 Some of them are
3 Very few of them are 4 None of them are
5 Don't know them

103. How often do you have contact with your neighbors? (Read choices)

CC 56 (_)

1 Very frequently
2 Frequently
3 Infrequently } Skip to #105
4 Not at all }

104. What kinds of topics do you discuss with your neighbors? Do you talk to them about: (READ EACH ITEM TO RESPONDENT THEN SKIP TO # 106)

CC 57-64 (_ _ _ _ _ _ _ _)

TOPICS	YES	NO
1 Shopping	1	2
2 Child-rearing	1	2
3 Community problems	1	2
4 Personal problems	1	2
5 Agencies	1	2
6 Religion	1	2
7 Politics	1	2
8 Gossip	1	2

105. Why don't you see very much of your neighbors?

CC 65-66(__)

1	No time	7	Race
2	Don't know them well enough	8	Economic/educational/ occupational status
3	Don't like them well enough	9	Because of patient
4	Never been invited	10	Family health problems
5	They don't like me	11	Like to stay to myself
6	Don't feel a person should visit much with neighbors	12	Other (Specify) _____

106. In this neighborhood, how far do you live from the following facilities? Would you say that they are very convenient, convenient, inconvenient or very inconvenient. (Card needed)

CC 67-74 (_ _ _ _ _ _ _ _)
CC 75-80(_ _) END CARD V

FACILITIES	CONVENIENCE SCALE			
	Very Convenient	Convenient	Inconvenient	Very Inconvenient
1 Grocery	1	2	3	4
2 School	1	2	3	4
3 Downtown Washington	1	2	3	4
4 Shopping Center	1	2	3	4
5 Treatment facility for patient	1	2	3	4
6 Other medical facilities	1	2	3	4
7 Work (if applicable)	1	2	3	4
8 Bus line	1	2	3	4

CC 1-6 (_ _ _ _ _ _) BEGIN CARD VI

107. How do you USUALLY travel to the following places?

CC 7-13(_ _ _ _ _ _ _)

FACILITIES	MODE OF TRANSPORTATION						
	Walk	Taxi	Bus	Own Car	Friend's Car	Relative's Car	Other
1 Grocery	1	2	3	4	5	6	7
2 School	1	2	3	4	5	6	7
3 Downtown Washington	1	2	3	4	5	6	7
4 Shopping Center	1	2	3	4	5	6	7
5 Treatment facility for patient	1	2	3	4	5	6	7
6 Other med. facilities	1	2	3	4	5	6	7
7 Work (If applicable)	1	2	3	4	5	6	7

108. Do you and your family ever exchange help with friends and neighbors? What form does this assistance take? What are the circumstances under which you exchange these types of help?

CC 14-23 (_____)
CC 24-33 (_____)

ASSISTANCE	Friends		Neighbors	
	Routine	Crisis	Routine	Crisis
1 None	0	0	0	0
2 Child Care	1	2	3	4
3 Food and/or clothing	1	2	3	4
4 Money	1	2	3	4
5 Household Help	1	2	3	4
6 Transportation	1	2	3	4
7 Emotional Support	1	2	3	4
8 Recreational/Social	1	2	3	4
9 Advice	1	2	3	4
0 Other (Specify) _____	1	2	3	4
_____				

109. IN TIMES OF NEED MANY PEOPLE PREFER TO GO TO PLACES SUCH AS BANKS, SOCIAL AGENCIES, HOSPITALS, PRIVATE PROFESSIONALS, ETC. I HAVE HERE A LIST OF SITUATIONS WITH WHICH PEOPLE SOMETIMES REQUIRE HELP. TELL ME WHERE YOU WOULD TURN FIRST IF YOU NEEDED THIS KIND OF HELP. (Present Chart. Circle the respondent's choice).

CC 34-42(_ _ _ _ _ _ _ _ _)
CC 43-50 (_ _ _ _ _ _ _ _)

CHOICE IN TIMES OF NEED

SITUATIONS	1 Rel.	2 Friends & Neigh.	3 Pub. Agy.	4 Pvt. Agy.	5 Church	6 Indep. Prof.	7 Bank	8 Loan Co.	9 Empl.	0 Other
1 Small Loan	1	2	3	4	5	6	7	8	9	0
2 Large Loan	1	2	3	4	5	6	7	8	9	0

	1 Rel.	2 Friends & Neigh.	3 Pub. Agy.	4 Pvt. Agy.	5 Chur.	6 Ind. Prof.	7 Pvt. Hlth. Prac.	8 Pub. Hlth. Facil.	9 Faith Healer	0 Other
3 Temp. Hous.	1	2	3	4	5	6	7	8	9	0
4 L.T. Hous.	1	2	3	4	5	6	7	8	9	0
5 Food	1	2	3	4	5	6	7	8	9	0
6 Clothing	1	2	3	4	5	6	7	8	9	0
7 Job	1	2	3	4	5	6	7	8	9	0
8 Sani.Dept. (e.g. trash, rats, etc.)	1	2	3	4	5	6	7	8	9	0
9 Hlth. Needs	1	2	3	4	5	6	7	8	9	0
10 Child Care	1	2	3	4	5	6	7	8	9	0
11 Emotional/C	1	2	3	4	5	6	7	8	9	0
12 Discipline	1	2	3	4	5	6	7	8	9	0
13 Academic	1	2	3	4	5	6	7	8	9	0
14 Legal	1	2	3	4	5	6	7	8	9	0
15 Marital	1	2	3	4	5	6	7	8	9	0
16 Emotional/P	1	2	3	4	5	6	7	8	9	0
17 Legal	1	2	3	4	5	6	7	8	9	0

LET US TALK ABOUT YOUR ACTIVITIES IN THE COMMUNITY.

110. How do you spend your spare time? Indicate all activities that apply.

CC 51-59 (_ _ _ _ _ _ _ _ _)

1 At home
2 Paid entertainment
3 Visiting friends
4 Visiting family
5 Club/organization meetings, and activities
6 Barber/Hairdresser
7 Home entertainment
8 Free entertainment
9 Other (Specify) _____

111. How do your children spend their time after school? Indicate no more than the five most frequent activities in which the children participate. (Card)

CC 60-69 (_ _ _ _ _ _ _ _ _ _)

1 Clean House
2 Watch TV
3 Read for Recreation
4 Talk on phone
5 Sleep
6 Supervised play/recreation
7 Unsupervised play/recreation
8 Visit with friends/neighbors
9 Visit with relatives
10 Participate in organized recreation
11 Participate in organized cultural activity
12 Participate in Church/Sunday-School Activity
13 Participate in extra-curricular activity (At School)
14 Baby-sit for own family
15 Study - homework
16 Practice Music
17 Practice Dance
18 Practice Art
19 Sews
20 Does Carpentry
21 Does Auto-mechanic work
22 Plays organized sports
23 Works part-time
24 Works on Hobbies
25 Don't know
26 Does nothing
27 Other (Specify) _____

CC 79-80 (_ _)

END CARD VI

BEGIN CARD VII

CC 1-6 (_ _ _ _ _ _)

112. To what kinds of organizations do you, your relatives and your friends belong? (Circle all that apply)

CC 7-18 (_ _ _ _ _ _ _ _ _ _ _ _)
CC 19-30 (_ _ _ _ _ _ _ _ _ _ _ _)
CC 31-42 (_ _ _ _ _ _ _ _ _ _ _ _)

	ORGANIZATIONS	SELF	RELATIVES	FRIENDS
1	None (Go to #115)	1	2	3
2	Church	1	2	3
3	Lodge and Fraternal	1	2	3
4	Civic and Welfare (YMCA, YWCA, Hospital Aux., PTA, Neighborhood Improvement, etc.)	1	2	3
5	Union and Professional	1	2	3
6	Political	1	2	3
7	Veterans and Auxiliaries	1	2	3
8	Cultural	1	2	3
9	Social	1	2	3
10	Small organizations which minister to sick and needy	1	2	3
11	Don't know	1	2	3
12	Other (Specify) _____	1	2	3

113. How would you classify your participation in the clubs/organizations to which you belong?

CC 43 (_)

1 Active
2 Moderately active
3 Sometimes participate
4 Seldom participate
5 Just belong, don't participate (Skip to #115)

114. About how many hours per week do you spend in meetings with these groups?

CC 44 (_)

1 1 - 3 hours
2 4 - 6 hours
3 7 - 10 hours
4 Over 10 hours

115. People have different reasons for joining or not joining organizations. You mentioned that you didn't belong (or don't participate much.) Can you tell me why?

CC 45 (_)

1 Time
2 Money
3 Sitters
4 Not interested
5 Health
6 Don't know of any
7 Don't know anybody who participates
8 Don't know why
9 Other (Specify) _____

116. To what religious affiliation do you belong?

CC 46 (_)

1 Episcopal
2 Roman Catholic
3 Methodist (all sects)
4 Presbyterian (all sects)
5 Baptist (all sects)
6 Adventist
7 Other (Specify) _____

117. Do your children attend worship services?

CC 47 (_)

1 Regularly
2 Sometimes
3 Not at all
4 DK

118. Does your religion affect your usage of community and/or agency services?

CC 48 (_)

1 Yes 2 No 3 DK

119. If you have a regular hairdresser/barber how much time do you spend there?

CC 49 (_)

1 Not applicable (Skip to #121)
2 Less than 1 hour per week
3 1 to 2 hours per week
4 3 to 5 hours per week
5 Over 5 hours per week

120. What kind of help other than getting your hair done have you received from the hairdresser or barber?

CC 50 (_)

1 Discussed personal matters
2 Discussed employment
3 Advised on housing
4 Gained information about the general neighborhood
5 Discussed politics
6 Provided a social and recreational outlet
7 Made business contacts
8 Provided sources of assistance
9 Multiples of above

121. In what kind of community work are you involved?

CC 51 (_)

1 None (Skip to #123)
2 Church activities
3 Civic and Welfare work
4 Fund raising
5 Other (Specify) _____
6 Multiples of above

122. If None, Why? CC 52( )

1 No time available
2 Not asked
3 Not interested
4 Transportation problems
5 Low finances
6 Other (Specify) _____

123. How well do you know the parents of your children's friends?
CC 53-54( )

School Friends	Neighborhood Friends
1 Very well	1 Very Well
2 Well	2 Well
3 Slightly	3 Slightly
4 Not at all	4 Not at all

124. Do you have friends whose children have problems similar to _____.
(patient)
CC 55( )

1 Yes 2 No (Go to #126)

125. If you have discussed your program for _____ with them, how
(patient)
helpful has it been? CC 56( )

1 Very helpful
2 Helpful
3 Moderate
4 Not helpful
5 Not discussed

CODE CON'T: → #128*

126. I AM GOING TO ASK YOU A FEW QUESTIONS ABOUT THE WAY YOU RAISE YOUR CHILD(REN) AND YOUR BELIEFS ABOUT HOW CHILD(REN) SHOULD BE REARED.

IT HAS BEEN SAID THAT PARENTS SET GOALS IN THE TRAINING OF THEIR CHILDREN; THAT IS, THE PARENT WANTS THE CHILD TO ACCOMPLISH CERTAIN THINGS BY THE TIME HE IS AN ADULT. THESE GOALS DIFFER FROM PARENT TO PARENT. WHAT ARE THE MOST IMPORTANT THINGS FOR YOU TO TEACH YOUR BOYS WHILE THEY ARE GROWING UP? (Repeat for girls.)

DO NOT CODE

BOYS _____

_____

GIRLS _____

_____

BEGIN CARD VIII

CC 1-6 (_ _ _ _ _ _)

127. I have here a list of child training goals that some parents set for their children when they are growing up. Some of these goals are more important than others to some parents. I am going to read over this list of goals twice. The first time I want you to listen. The second time I would like you to tell me whether that goal was very important, important, unimportant or completely unimportant to you in raising your child(ren) or whether you have no opinion on that subject. How important is it to you that the following goals are achieved? (Ask questions for patient and other children separately).

CC 7-20 (_ _ _ _ _ _ _ _ _ _ _ _ _ _)
CC 21-34 (_ _ _ _ _ _ _ _ _ _ _ _ _ _)
CC 35-48 (_ _ _ _ _ _ _ _ _ _ _ _ _ _)
CC 49-62 (_ _ _ _ _ _ _ _ _ _ _ _ _ _)

Scale
Very Important ---------- 1
Important ---------- 2
No Opinion ---------- 3
Unimportant ---------- 4
Completely Unimport.----- 5

CONT. TO # 130 CARD VIII

	GOALS	OTHER CHILDREN SCALE					PATIENT SCALE				
		1	2	3	4	5	1	2	3	4	5
1	Getting good grades in school	1	2	3	4	5	1	2	3	4	5
2	Going to church	1	2	3	4	5	1	2	3	4	5
3	Showing affection towards his parents	1	2	3	4	5	1	2	3	4	5
4	Being aggressive	1	2	3	4	5	1	2	3	4	5
5	Concerning himself about what goes on in the world	1	2	3	4	5	1	2	3	4	5
6	Being able to handle responsibility	1	2	3	4	5	1	2	3	4	5
7	Helping around the house	1	2	3	4	5	1	2	3	4	5
8	Showing appreciation for what his parents have done for him	1	2	3	4	5	1	2	3	4	5
9	Being liked by people his age	1	2	3	4	5	1	2	3	4	5
10	Being independent; able to stand on his own two feet	1	2	3	4	5	1	2	3	4	5
11.	Making plans for the future	1	2	3	4	5	1	2	3	4	5
12.	Making better use of his time	1	2	3	4	5	1	2	3	4	5
13.	Bringing friends home to visit	1	2	3	4	5	1	2	3	4	5
14.	Being considerate of others	1	2	3	4	5	1	2	3	4	5
15.	Indulging in outdoor games (such as football, baseball, tennis, etc.)	1	2	3	4	5	1	2	3	4	5
16.	Being happy	1	2	3	4	5	1	2	3	4	5
17.	Being interested in books	1	2	3	4	5	1	2	3	4	5
18.	Being polite	1	2	3	4	5	1	2	3	4	5
19.	Telling you his problems	1	2	3	4	5	1	2	3	4	5
20.	Being neat and clean	1	2	3	4	5	1	2	3	4	5
21.	Being curious about things	1	2	3	4	5	1	2	3	4	5
22.	Standing up for himself	1	2	3	4	5	1	2	3	4	5
23.	Spending money wisely	1	2	3	4	5	1	2	3	4	5
24.	Being honest	1	2	3	4	5	1	2	3	4	5
25.	Showing interest in girls/boys	1	2	3	4	5	1	2	3	4	5
26.	Being respectable	1	2	3	4	5	1	2	3	4	5
27.	Taking advice from older people	1	2	3	4	5	1	2	3	4	5
28.	Being different from other people	1	2	3	4	5	1	2	3	4	5

128. If you could choose your child(ren)'s future occupations, what would you choose? (Give occupational listing to respondent and write in or check appropriate columns).

CC (_ _)

CATEGORY	OCCUPATIONAL CHOICE	NO PREFERENCE	NO OPINION
1 Girls			
2 Boys			
3 Patient			

129. What do you actually expect to happen? In other words, how do you rate their chances of achieving these goals?

CC 65-70 (_ _ _ _ _ _)

END CARD VII

	CATEGORIES		
	GIRLS	BOYS	PATIENT
1 Very Good	1	2	3
2 Good	1	2	3
3 Average	1	2	3
4 Poor	1	2	3
5 Very Poor	1	2	3
6 None (no rating)	1	2	3

130. Why do you feel this way? (Choose the influences for each category separately) CARD NEEDED

cc 63-74 (- - - - - - - - - - - - -)
cc 79-80 (- -) END CARD VIII
cc 1 - 6 (- - - - - -) BEGIN CARD IX
cc 7-18 (- - - - - - - - - - - -)
cc 18-30 (- - - - - - - - - - - - -)

INFLUENCES	CATEGORIES		
	Boys	Girls	Patient
1 Child has good ability	1	2	3
2 Child works hard—will succeed	1	2	3
3 Family and peers encourage	1	2	3
4 Good opportunity prevails	1	2	3
5 Family provides finances	1	2	3
6 No encouragement from family and peers	1	2	3
7 Socio-economics of the system	1	2	3
8 Costs too much	1	2	3
9 Child lacks motivation	1	2	3
10 No opportunity exists	1	2	3
11 Child lacks ability	1	2	3
12 Other (Specify) _____	1	2	3

131. What do you and your family do to encourage your children to achieve the goals you have set for them? _____

DO NOT CODE

132. EACH CHILD IS DIFFERENT AND THEREFORE HAS DIFFERING SKILLS AND ABILITIES. From the following areas of interest, tell me your evaluation of the progress of your eldest child (1) and the patient (2). Would you say that in _____ _____: (Read each area separately for the respective children, check the appropriate column for each evaluation. Give Evaluation Chart.)

CC 31-41(_____)
CC 42-52(_____)

AREAS OF INTEREST	EVALUATION																	
	Good				Fair				Poor				Never Noticed				No Basis For Comparison				Opinion			
	1	2			1	2			1	2			1	2			1	2			1	2		
Reading	1	2			1	2			1	2			1	2			1	2			1	2		
Verbal Skills	1	2			1	2			1	2			1	2			1	2			1	2		
School Grades	1	2			1	2			1	2			1	2			1	2			1	2		
Handiwork (Manual Dexterity)	1	2			1	2			1	2			1	2			1	2			1	2		
Drawing/Painting	1	2			1	2			1	2			1	2			1	2			1	2		
Music	1	2			1	2			1	2			1	2			1	2			1	2		
Drama - Acting	1	2			1	2			1	2			1	2			1	2			1	2		
Smart in every day things (Common Sense)	1	2			1	2			1	2			1	2			1	2			1	2		
Social Skills	1	2			1	2			1	2			1	2			1	2			1	2		
Physical Skills	1	2			1	2			1	2			1	2			1	2			1	2		
Other (Specify) _____	1	2			1	2			1	2			1	2			1	2			1	2		
_____																								
_____																								
_____																								

LET'S TALK FOR A MOMENT ABOUT DISCIPLINE.

133. I would like you to tell me something about how you and your spouse/mate punish and reward your children. (RECORD) DO NOT CODE

How do you PUNISH them? _____

_____

_____

_____

134. Some parents find it necessary to punish their children in one or more of the following ways -- scolding or yelling, spanking or physical punishment, sending the child to his room or to bed, taking away the child's privileges. Tell me how often you and/or your spouse /mate use these various methods to punish your child(ren). (Read each method separately and record. Give Frequency Card)

CC 53-57 (_ _ _ _ _)
CC 58-62 (_ _ _ _ _)

Frequency
Very Often----------1
Often----------2
Seldom----------3
Very Seldom----------4
Never----------5

METHODS	FREQUENCY OF ADMINISTRATION	
	Respondent	Spouse
1 Scolding or yelling	1 2 3 4 5	1 2 3 4 5
2 Physical punishment	1 2 3 4 5	1 2 3 4 5
3 Sending the child to room or bed	1 2 3 4 5	1 2 3 4 5
4 Taking away privileges	1 2 3 4 5	1 2 3 4 5
5 Talking things over	1 2 3 4 5	1 2 3 4 5

135. Are your methods of punishment the same for _____. (If "NO", explain the method used)
(patient)

DO NOT CODE

1 Yes
2 No _____

_____

136. How do you REWARD your children? _____

_____

DO NOT CODE

_____

137. When parents are pleased with children, they often use the following methods to reward the children by--kissing and hugging; giving a gift or special privileges; praising the child; not making a big deal out of it but telling the child that good behaviour is its own reward. Tell me how often you and/or your spouse/mate use these various methods to show that you are pleased with your child(ren)'s behaviour. (Read each method separately and record. Give frequency Card).

CC 63-70 (_ _ _ _ _ _ _ _)

Frequency
Very Often---------1
Often--------------2
Seldom-------------3
Very Seldom--------4
Never--------------5

METHODS OF REWARDS	FREQUENCY	
	Respondent	Spouse/Mate
1 Kissing and hugging	1 2 3 4 5	1 2 3 4 5
2 Giving the child a gift or special privilege	1 2 3 4 5	1 2 3 4 5
3 Praising the child	1 2 3 4 5	1 2 3 4 5
4 Not making a big deal out of it	1 2 3 4 5	1 2 3 4 5

138. Are your methods the same for the patient? (If "NO", explain the method used).

DO NOT CODE

1 Yes

2 No _____

_____

END CARD IX CC 79-80 (_ _)

139. How often would you say that the following persons punish and/or reward the children? (Circle appropriate rating)

BEGIN CARD X

CC 1-6 (_____)

CC 7-14 (_____)

CC 15-22 (_____)

Frequency

Very Often----------1
Often----------2
Seldom----------3
Very Seldom----------4
Never----------5

PERSONS WHO ADMINISTER	DISCIPLINARY ACTION										
	PUNISHMENT					REWARD					
1. Respondent (You)	1	2	3	4	5	1	2	3	4	5	
2. Spouse/Mate	1	2	3	4	5	1	2	3	4	5	
3. Other Biological Parent	1	2	3	4	5	1	2	3	4	5	
4. Other adult male _____	1	2	3	4	5	1	2	3	4	5	
_____											
5. Other adult female ____	1	2	3	4	5	1	2	3	4	5	
_____											
6. Older brother or sister	1	2	3	4	5	1	2	3	4	5	
7. Other caretaker	1	2	3	4	5	1	2	3	4	5	
8. Other (Specify) _____	1	2	3	4	5	1	2	3	4	5	
_____											

140. What kinds of misbehavior make you feel that it is necessary to punish your child(ren) other than the patient? What kinds of misbehavior make you feel that you have to punish the patient? (PROBE)

CC 23-32 (_____)
CC 33-42 (_____)

MISBEHAVIOR	OTHER CHILDREN	PATIENT
1 Disobedience	1	2
2 Disrespect	1	2
3 Fighting at home	1	2
4 Fighting outside the home	1	2
5 Sloppiness in personal grooming	1	2
6 Lack of achievement in school	1	2
7 Misbehavior outside of home	1	2
8 Telling lies	1	2
9 Failure to perform designated chore	1	2
0 Other (Specify) _____	1	2
_____		
_____		

141. For what kinds of behavior do you reward your child(ren) other than the patient?
For what kinds of behavior do you reward the patient?

CC 43-50 (_____)
CC 51-58 (_____)

BEHAVIOR	OTHER CHILDREN	PATIENT
1 Obedience	1	2
2 Politeness	1	2
3 Good grades	1	2
4 Performing a task well	1	2
5 Thoughtfulness	1	2
6 Honesty	1	2
7 General good behavior	1	2
8 Other (Specify) _____	1	2
_____		

* END CARD X

** BEGIN CARD XI

142. People vary a great deal in what they feel is important to expect of children at different ages. Here are some accomplishments that people often require of their children.

Tell me: A. At what age do you think children should be able to do these things.

B. Do you feel differently with respect to Boys and Girls? Give reason. (READ SITUATIONS INDIVIDUALLY TO RESPONDENT AND CHECK ACCORDINGLY).

CC 59-72 (_____)
CC 7-20 (_____)

	SITUATIONS	AGE GROUP					DIFFERENCES		
		Under 5	5-10	10-14	15-18	Over 18	B	G	Reason
1	Personal grooming	1	2	3	4	5	1	2	
2	Baby-sitting	1	2	3	4	5	1	2	
3	Cooking	1	2	3	4	5	1	2	
4	House cleaning	1	2	3	4	5	1	2	
5	Errands	1	2	3	4	5	1	2	
6	Arrange own schedule	1	2	3	4	5	1	2	
7	Personal shopping	1	2	3	4	5	1	2	
8	Family shopping	1	2	3	4	5	1	2	
9	Go to near places alone	1	2	3	4	5	1	2	
10	Go to far places alone	1	2	3	4	5	1	2	
11	Part-time job	1	2	3	4	5	1	2	
12	Full-time job	1	2	3	4	5	1	2	
13	Toilet trained	1	2	3	4	5	1	2	
14	Stay home alone	1	2	3	4	5	1	2	

** END CARD IX

* BEGIN CARD X CC 1-6 (_____)

143. Do you set these same standards for the patient?

CC 21 ( )

1 Yes
2 Would like to, but don't feel that the patient can measure up
3 Accept the difference - don't try to hold the patient to same standards
4 Other (Specify) _____

144. Some children like to perform by themselves, other like to turn to adults for help. How frequently would you say that your child(ren) do the following and how do you feel about their behavior under these conditions? (This question does not pertain to the patient). Skip to #147 if all children are developmentally disabled.

CC 22-28(_ _ _ _ _ _ _)
CC 29-35(_ _ _ _ _ _ _)

PERFORMANCES	FREQUENCY					PREFERENCE		
	1	2	3	4	5	1	2	3
	Very Freq.	Freq.	Seldom	Very Sel.	Never	Like	Neutral	Dis-Like
1 Seeks help with things he/she should be able to do	1	2	3	4	5	1	2	3
2 Asks for what you feel are unnecessary explanations or information	1	2	3	4	5	1	2	3
3 Asks an adult to settle arguments that you feel should be settled alone	1	2	3	4	5	1	2	3
4 Seeks comfort from adults after being hurt or disappointed	1	2	3	4	5	1	2	3
5 Asks an adult to make decisions for him/her	1	2	3	4	5	1	2	3
6 Shows attention seeking behavior when you are otherwise occupied	1	2	3	4	5	1	2	3
7 Comes to adults for reassurance of his/her worth	1	2	3	4	5	1	2	3

145. Over the years how much helpful advice on raising child(ren), other than _____, have you received from: (READ LIST TO RESPONDENT)
(patient)

CC 36-44(_ _ _ _ _ _ _ _ _)

ADVISORS	AMOUNT OF ADVICE RECEIVED			
	Quite a Lot	Moderate	Very Little	None
1 Your spouse/mate	1	2	3	4
2 Your children's teachers	1	2	3	4
3 Your mother	1	2	3	4
4 Your father	1	2	3	4
5 Your other relatives	1	2	3	4
6 Your friends/peers/ neighbors	1	2	3	4
7 Literature (books, pamphlets)	1	2	3	4
8 Doctor	1	2	3	4
9 Other (Specify) _____	1	2	3	4

146. Which of these advisors were most helpful to you? (Circle the appropriate number(s)).

CC 45 (_)

1 2 3 4 5 6 7 8 9

ASK ONLY IF RESPONDENT IS MARRIED OR LIVING TOGETHER.

Mr./Ms. _____ I would like to ask you a few questions about your relationship to your spouse/mate.

147. How alike would you say that you and your spouse/mate are in terms of your temperament, and the things you think are important.

CC 46 (_)

1 Very similar
2 Somewhat similar
3 Somewhat different
4 Very different
5 No opinion

148. How satisfied are you with your present marital arrangement?

CC 47 (_)

1 Very satisfied
2 Satisfied
3 Neutral
4 Dissatisfied
5 Very dissatisfied

149. How often do you and your spouse/mate have serious disagreements?

CC 48 (_)

1 Very often
2 Often
3 Seldom
4 Very seldom
5 Never

150. (ASK ONLY IF RESPONDENT IS MARRIED)

CC 49 (_)

If you had to do it over, would you:

1 Not marry at all
2 Marry the same person
3 Marry a different person
4 No opinion

151. If you were not married to Mr./Ms. _____, is he/she someone with whom you could be friends?

CC 50 (_)

1 Yes 2 No

152. I AM GOING TO READ YOU A SET OF STATEMENTS CONCERNING VARIOUS ISSUES AND SUBJECTS. EACH REPRESENTS AN OPINION. PLEASE TELL ME WHETHER YOU STRONGLY AGREE, AGREE, DISAGREE OR STRONGLY DISAGREE WITH EACH STATEMENT.

CC 51-60 (_ _ _ _ _ _ _ _ _ _)
CC 61-70 (_ _ _ _ _ _ _ _ _ _)

SCALE
Strongly Agree-------1
Agree----------2
Disagree----------3
Strongly Disagree----4
No opinion----------5

STATEMENTS	OPINION 1	2	3	4	5
1. Poor people who don't do well in life often have good skills, but opportunities just go to people who have influential connections.	1	2	3	4	5
2. Most people could be described as victims of circumstances beyond their control.	1	2	3	4	5
3. Poor people may not have the same opportunities as those who are well off; but many of the poor haven't prepared themselves enough to make use of the opportunities that come their way.	1	2	3	4	5

	STATEMENTS	OPINION				
		1	2	3	4	5
4.	Blacks may not have the same opportunities as Whites, but many Blacks haven't prepared themselves enough to make use of the opportunities that come their way.	1	2	3	4	5
5.	If Blacks work hard, attempt to 'fit-in' and meet the expectations of the larger society, they will be able to succeed without too many problems.	1	2	3	4	5
6.	Some people just don't use the opportunities that come their way. If they don't do well, it's their own fault.	1	2	3	4	5
7.	Children are basically bad and parents have to change that.	1	2	3	4	5
8.	This country is run by the few people in power and there is nothing the average person can do about it.	1	2	3	4	5
9.	If people take an active part in political and social affairs, they can exercise at least a little control over world events.	1	2	3	4	5
10.	People who can't get others to like them don't understand how to get along with people.	1	2	3	4	5
11.	As far as world affairs are concerned, most of us are victims of forces we can neither understand or control.	1	2	3	4	5
12.	Trusting to fate has never turned out as well for me as making a decision to take a definite course of action.	1	2	3	4	5
13.	One of the major reasons that this country is in its present state is because ordinary people don't take enough interest in politics.	1	2	3	4	5
14.	The attempt to 'fit-in' and do what is "expected" hasn't paid off for poor people - it doesn't matter how 'proper' you are, you'll still be at a serious disadvantage if you're from a poor family.	1	2	3	4	5

	STATEMENTS	OPINION 1	2	3	4	5
15.	If a person from a poor family works hard, attempts to 'fit-in' and do what is expected, their family background won't be a barrier to success.	1	2	3	4	5
16.	It is not always wise to plan too far ahead, because many things turn out to be a matter of good and bad fortune anyhow.	1	2	3	4	5
17.	Many times we may just as well decide what to do by flipping a coin.	1	2	3	4	5
18.	Good luck is more important than hard work for success.	1	2	3	4	5
19.	The attempt to 'fit-in' and do what's "expected" hasn't paid off for Blacks, it doesn't matter how 'proper' you are, you'll still meet serious discrimination if you are Black.	1	2	3	4	5
20.	When making plans, one can usually make them work; getting what you want has little or nothing to do with luck.	1	2	3	4	5

153. I AM GOING TO READ YOU A LIST OF SITUATIONS TO CONSIDER, ALONG WITH SOME ALTERNATIVE SOLUTIONS. THERE ARE VARIOUS WAYS OF HANDLING THESE SITUATIONS. PLEASE PICK THE SOLUTION THAT WOULD BE YOUR BEST CHOICE. END CARD X

CC 51-58 (_ _ _ _ _ _ _ _)

STATEMENTS

I. A MAN BOUGHT A SMALL HOME WHICH NEEDED A LOT OF REPAIR WORK DONE ON IT BEFORE WINTER. THERE WERE SEVERAL WAYS HE COULD GO ABOUT GETTING THE REPAIRS MADE:

1. He might get a part-time job so he could afford to have a repair company come in and fix it.

2. He could get some of his buddies together one Saturday and have them all come and help him.

3. He could ask some of his relatives to give him a hand.

Which of these would be your choice?

CC 79-80 (_ _)

END CARD XI

II. PEOPLE OFTEN HAVE VERY DIFFERENT IDEAS ABOUT WHAT HAS GONE BEFORE AND WHAT WE CAN EXPECT IN LIFE. HERE ARE THREE WAYS OF THINKING ABOUT THESE THINGS:

1. Some people believe that change brings improvement. They think that the best way to live is to plan ahead, work hard, and sacrifice for a better future.

2. Some people think that the old ways are best, and are reluctant to any form of change. They think that the best way is to keep to the old traditions.

3. Some people live for each day and/or moment. They think that they should be able to take from the past what best suits them but be ready to accept the new.

With which do you agree?

III. THE MAN OF THE YEAR COMMITTEE IS ABOUT TO PRESENT ITS ANNUAL AWARD. THEY MUST SELECT ONE OF TWO MEN, ONE IS A SCIENTIST WHO HAD MADE MANY IMPORTANT DISCOVERIES. THE OTHER IS A MAN WHO IS SYMPATHETIC AND HELPFUL TO OTHERS. HIS LIFE HAS BEEN DEVOTED TO RAISING A FINE FAMILY AND COMMITTED TO COMMUNITY SERVICE.

1. The committee members should give the award to the scientist, whose work has been beneficial to mankind.

2. The committee members should give the award to the father whose way of living is a model to us all.

IV. MODEL CITIES WAS DONATING $5,000 TO A COMMUNITY CENTER. THE BOARD OF THE CENTER CAN SELECT SEVERAL WAYS OF DIVIDING THE MONEY.

1. The board could wait until the money arrives before deciding how it would be divided.

2. They could divide the money in the same way it was done with previous budgets.

3. The Board could hold a meeting and make special plans for spending the new funds they are to receive.

Which would be best?

V. TWO WOMEN WERE DISCUSSING THE RECENT ADVANCES IN SPACE TRAVEL.

1. One said, "If God had meant for mankind to travel in space, it wouldn't be a difficult thing to do. We should accept our human limitations."

2. The second said, "The entire space program is an exciting demonstration of how mankind can control the universe when he puts his mind and energies to the task."

With which of these remarks do you agree?

VI. TWO MEN WERE TALKING ABOUT HOW TO RAISE CHILDREN. THEY HAD VERY DIFFERENT IDEAS ABOUT THE BEST WAY OF BRINGING THEM UP.

1. One man supported his children and cared for them, but believed that there was a limit to how much he could influence their future. He felt there were too many areas over which he had no control.

2. His friend, on the other hand, spent a lot of time with his children and attempted to learn and put into practice as many of the new ideas about child rearing as he could. He felt that this was the way in which he could influence their character.

With which of these ideas do you agree?

VII. TWO PEOPLE WERE TALKING ABOUT HOW THEY LIKE TO LIVE.

1. One said, "What I care about most is getting things done just as well or better than other people. I like to see results and think that they are worth working for."

2. The other said, "What I care about is to be able to act in ways that best suit me. If I don't get much done but can enjoy life, then that is the best way."

With which of these ideas do you agree?

VIII. SOMETIMES TEENAGERS HAVE TO MAKE MANY IMPORTANT DECISIONS ABOUT THEIR FUTURE. THEY CAN ARRIVE AT THESE DECISIONS IN A NUMBER OF DIFFERENT WAYS. HERE ARE THE POSSIBILITIES:

1. They can be very independent and make important decisions without talking to either their family or friends.

2. They can discuss important matters with close friends their own age who influence them.

3. They can discuss important matters with their families whom they feel can be of the most help.

Which of these would you choose?

1 Completed (COM)
2 Break-off (B-OFF)

OBSERVATIONAL RATING SHEET

CQ

Control #: _____
Interviewer: _____
Time: _____

The following categories have been selected for rating. Be very objective. Circle your rating.

1. Home:

Type of Dwelling

1 Public housing
2 Rooming house
3 Apartment in apartment house
4 Apartment over store
5 2 or 3 family house
6 Single family house
7 Other (Specify) _____

2. Quality of the Exterior:

1 Excellent--well built; well kept; expensive
2 Good--well built; well kept; modest
3 Fair--evidence of upkeep; but not enough
4 Poor--inadequate upkeep
5 Deteriorated--extremely poor building quality; little upkeep
6 Delapidated--falling apart

3. Quality of Interior

1 Excellent--clean; good condition; well furnished, expensive
2 Good--clean; good condition, well furnished, modest
3 Fair--good furniture; not clean; untidy atmosphere
4 Poor--all aspects untidy; not clean; some very inadequate
5 Deteriorated--all aspects extremely inadequate
6 Other (Specify) _____

4. Neighborhood:

a. Block Mixture
1 Entirely residential--no commerce
2 Residential with a few stores
3 Mostly commercial--many stores
4 Mostly industrial--factories and warehouses

b. Block Housing
1 Mostly one-family houses
2 One-family and multiple family houses
3 One-family houses and apartment buildings
4 Almost no one-family houses

5. Description of the home (in terms of size, maintenance, furnishing, evidence of books and toys):

6. Description of the immediate neighborhood (in terms of size of homes, building density, trees, yard space, recreational facilities):

7. Describe the children (if in evidence) and the Respondent with regard to external signs of personal care, economic status, emotional expressions:

8. Race (by observation): Children Respondent Other Family Members

APPENDIX B

CLIENT QUESTIONNAIRE

PHASE II

FAMILY STYLES AND AGENCY INTERACTIONS SURVEY

CHILD DEVELOPMENT CENTER
DEPARTMENT OF PEDIATRICS AND CHILD HEALTH
HOWARD UNIVERSITY COLLEGE OF MEDICINE

PHASE II

Control Number _____
Record of Interview
Day Commenced: _____
Day Completed: _____
Time Begun: _____
Time Ended: _____
Interviewer _____
Non-Interview Reason
1 Unable to Contact
2 Deceased
3 Temporarily Absent
4 Refused
5 Other (Specify) _____

This Study Funded in Part by OCD/HEW Grant No. 90-C-258.

Hello Mr./Mrs._____

I am _____from CDC. I am here to conduct the interview in which you have agreed to participate. The questionnaire we are using attempts to get information about different kinds of family styles and your impressions about the agencies to which we have referred you.

FAMILY STYLES AND AGENCY INTERACTIONS SURVEY

Child Development Center
Department of Pediatrics and Child Health
Howard University College of Medicine

NOTE: All information which permit identification will be held in strict confidence. It will be used only by those engaged in and for the purpose of this survey. This information will not be released or disclosed for any purpose.

SECTION A

BEGIN CARD 1

CC 1-6 (_ _ _ _ _ _)

1. Would you please tell me: (Refer to List I)

   1. Where you were born:
      State _____ CC 7-8 (_ _)
   2. Where you lived while growing up (to age 16):
      1 State _____ CC 9-10 (_ _)
      2 State _____ CC 11-12 (_ _)

2. What is your PRESENT marital status? CC 13 (_)

   1 Married
   2 Single (Never been married. Skip to #4)
   3 Separated
   4 Divorced
   5 Widowed

3. Is/was your marital situation racially mixed or are you and your mate of the same racial background? CC 14 (_)

   1 Mixed
   2 Non-mixed

4. What is your relationship to _____ (patient)? CC 15 (_)

   1 Mother
   2 Father
   3 Foster Parent
   4 Guardian } (Skip to #6)
   5 Other (Specify) } _____

5. Is your present spouse/mate the natural father/mother of _____? CC 16 (_)
(patient)

0 N.A.
1 Yes
2 No

6. What is the highest level of schooling completed by the natural parents? CC 17-22 (_ _ _ _ _ _)

(If college, indicate number of years and degree completed. Use List II) CC 23-28 (_ _ _ _ _ _)

	Grade	Yrs. Coll.	Deg. Rec'd	DK
1. Father	____	____	____	____
2. Mother	____	____	____	____

7. Are you currently employed? CC 29 (_)

1 Yes
2 No (Skip to #9)

8. Where are you employed? (Record occupation and use List III to determine government status) CC 30 (_)

1 Federal Government
2 Local Government
3 Private Enterprise
4 Self Employed
5 International Agency

9. What is/was the occupation of the following persons: (Use List III in coding)

1 Your occupation _____ CC 31-32 (_ _)
2 Child's father's occupation _____ CC 33-34 (_ _)
3 Child's mother's occupation _____ CC 35-36 (_ _)
4 Spouse/mate's occupation _____ CC 37-38 (_ _)
5 Never been employed _____ CC 39-40 (_ _)

10. Would you tell me approximately what the total family income was last year? (Probe for all income received) CC 41-42 (_ _)

1 Less than $4,999
2 $ 5,000 - 9,999
3 $10,000 - 14,999
4 $15,000 - 24,999
5 $25,000 - and over
6 Don't know

11. Now I would like to ask you some questions about the people in your household. First, would you tell me the persons who live here by their relationship to you beginning with yourself, giving also their sex, age, race and highest level of schooling.

CC 43 (_)
CC 44 (_)

HOUSEHOLD CHARACTERISTICS							
Relationship to Respondent	1973 Age	Sex M	Sex F	Race W	Race B	Race O	Highest Level of Schooling

If there is anyone else living here but is absent, please give similar information.

DEDUCE FROM #11, DON'T READ.

12. Description of household in terms of family structure.

CC 45 (_)

One-Parent Family	Two-Parent Family
1 Nuclear - parent and own child(ren)	4 Nuclear - parent and own child(ren)
2 Extended - with other kin	5 Extended - other kin
3 Augmented - unrelated persons	6 Augmented - unrelated persons

7 Other (Specify) _____

NOW LET US TALK A LITTLE ABOUT YOUR HOME.

13. Describe your dwelling facilities and tell me in what type of dwelling you live?

Type CC 46 (_)

1 Apartment (Highrise, garden)
2 Rented room
3 Semi-detached home-duplex, townhouse
4 Detached home

14. Is this housing private rental, public rental or are you buying? CC 47 (_)

1 Private rental
2 Public rental
3 Buying

15. How satisfied are you with the following features in your home? (CARD NEEDED) CC 48-53 (_ _ _ _ _ _)

FEATURES	LEVEL OF SATISFACTION		
	Satis.	Indiff.	Dis-Satis.
1 Appearance	1	2	3
2 State of repair	1	2	3
3 Comfort in terms of space	1	2	3
4 Available appliances	1	2	3
5 Plumbing	1	2	3
6 Heating facilities	1	2	3

16. How long have you lived at the following? (If more than 15 years skip to #19) CC 54-56 (_ _ _)

	Months	Years
1 Your Present Address	_____	_____
2 In the Washington Metropolitan Area	_____	_____

CC 57-59 (_ _ _

17. How many times have you moved in the last 15 years?

CC 60 (_)

1 No moves (Skip to #19)
2 1 - 3 times
3 4 - 6 times
4 7 - 9 times
5 10 -12 times
6 13 -15 times
7 16 or more

18. What was the major cause for your moving the last time? (Probe carefully)

CC 61 (_)

0 N.A.
1 Job opportunity - self or other key family member
2 To be near relatives
3 Better schools
4 Better housing
5 Better support facilities
6 Property damage
7 Eviction
8 Other reasons (Specify) _____

TO THE INTERVIEWER: ENTER THE CODES FOR THE FOLLOWING CATEGORIES AT CODING SESSIONS:

a. Standard Metropolitan Statistical Area (SMSA) CC 62-63 (_ _)

b. Age of the Respondent CC 64-65 (_ _)

c. Social Economic Status (SES) CC 66-67 (_ _)

END CARD I

CC 80 (_)

SECTION B
FAMILY EXPECTATIONS AND AGENCY INTERACTION

AT THIS POINT LET US TALK ABOUT YOUR SEEKING HELP FOR _____, AND
(patient)
YOUR EXPERIENCES WITH COMMUNITY AGENCIES.

BEGIN CARD II
CC 1-6 (_ _ _ _ _ _)

19. How did you FIRST become aware that _____needed special help?
(patient)

CC 7 (_)

1 Noticed symptoms myself
2 Told by private physician
3 Received advice from friends
4 Told by clinic staff
5 Observed by school
6 Noticed by family/relative
7 Other (Specify) _____

20. Who was the one person MOST responsible for advising you to seek help?
(Circle one response)

CC 8 (_)

1 Self
2 Mate
3 Relative
4 Clergy
5 Friend
6 Social Worker
7 Physician
8 School Personnel/Agency
9 Other (Specify) _____

21. Who told you to come to the Child Development Center at Howard?
(Enter the most prominent influences)

CC 9-12 (_ _ _ _)

1 Family
2 Medical
3 School/other
4 Other (Specify) _____

22. What did you think was the matter with _____when you brought him/her to CDC?
(patient)

CC 13 (_)

1 MR
2 SLD
3 Emotional
4 Speech
5 Multiple (Specify) _____
6 Unknown
7 Physical
8 Other (Specify) _____

23. Exactly what did the Child Development Center say was the matter with _____(patient)? CC 14 (_)

1 MR
2 SLD
3 Emotional
4 Speech
5 Multiple (Specify)_____
6 Unknown
7 Other (Specify) _____

24. To what place(s) did CDC send you after _____(patient) had been tested and evaluated?

CC 15-16 (_ _)

From CDC	Type of Agency
1. _____	1 Public School - Elementary
	2 Public School - Secondary
2. _____	3 Public School - Spec. Ed.
	4 Private School - Regular
3. _____	5 Private School - Special
	6 Private School - Parochial
	7 Public Residential
	8 Private Residential
	9 Hospital - Clinic
	10 Social Service (Medicaid, Food Stamps, Protec. Serv., etc.)
	11 Multiples

25. After Child Development Center recommended you to _____(place), did you use any other Agency?

1 Yes 2 No (Skip to #29) CC 17 (_)

26. What other Agencies have you used since CDC recommended you to_____(place)?

CC 18-21 (_ _ _ _)

1 School facility

2 Residential facility

3 Health facility

4 Social Services

27. Number of agencies used. (Interviewer deduce from #26)

CC 22 (_)

1 Used 1 other Agency
2 Used 2 other Agencies
3 Used 3 other Agencies
4 Used more than 3 Agencies

28. Who referred you to the other Agency(cies)? (Circle all that apply)

CC 23-26 (_ _ _ _)

1 CDC
2 First Referral Agency
3 Out-sider-private physician, friend, school, etc.
4 Self

29. After the evaluation and interpretation at Child Development Center did you agree, disagree or have mixed opinions about the reasons given for sending you to the _____ Agency?
(CDC Referral)

CC 27 (_)

0 N.A.
1 Agreed (Omit #30)
2 Disagreed
3 Ambivalent

30. What made you feel that way?

CC 28 (_)

1 Felt treatment unnecessary
2 Disagree with diagnosis
3 Distrustful of the diagnosing Agency
4 Other (Specify) _____

31.

INSERT THE NAME AND ADDRESS OF THE AGENCY WHICH IS OF PRIME INTEREST IN THIS STUDY.

Name of Agency _____

Address _____

_____

City State Zip

CC 29-30 (_ _)

NOW I WANT TO ASK YOU ABOUT _____.
(Prime Agency)

32. Are you still in contact with this Agency/School?

1 Yes 2 No CC 31 (_)

DO NOT CODE

33. Why? (Record) _____

_____

_____

34. How long after the CDC referral/recommendation was it before you got in touch with _____?
(Prime Agency) CC 32 (_)

1 Less than 1 week (go to #38)
2 1-2 weeks
3 3-4 weeks
4 5-8 weeks
5 9-12 weeks
6 More than 12 weeks

35. Why did it take you _____?
(Time from #34) CC 33 (_)

1 Needed some time to consider the decision
2 Didn't fully agree with CDC interpretation
3 Didn't see situation as urgent
4 Worried about stigmatization of Child
5 Worried about stigmatization of parent
6 Worried about establishing new contact
7 Delay in processing of referral
8 More pressing problems within family
9 Other (Explain)_____

36. What did you think about _____ before making contact?
(Agency) CC 34 (_)

0 N.A.
1 Favorable
2 Unfavorable
3 D.K.; no opinion

37. Why did you think that way? CC 35-36 (_ _)

0 N.A.
1 Prior experience w/Agency
2 Friends
3 Family
4 Private physician/CDC
5 Information from another consumer
6 Another Agency/School
7 General community talk
8 Media sources
9 Generalization from past experiences
10 No real basis
11 Other (Specify) _____

38. How did you make your first contact with the referral Agency?

CC 37 (_)

1 By telephone
2 By letter
3 By personal appearance (Skip to #40)
4 Other (Specify) _____

39. What kind of discussions took place on the phone?

CC 38-41 (_ _ _ _)

1 Asked to give details surrounding patient's illness
2 Informed about Agency policies, objectives and services
3 No information volunteered or elicited
4 Other (Specify) _____

40. After the initial contact with the Agency, how did you feel about _____ (patient's) chances for improvement?

CC 42 (_)

1 Had high hopes for the child
2 Thought there was some chance for child's improvement
3 Had no opinion
4 Thought patient might not get better
5 Thought patient would not be helped at all
6 Other (Specify) _____

41. How long did you have to wait before your <u>first appointment</u> at _____ (Prime Agency)?

CC 43 (_)

1 No waiting period
2 Less than 1 month
3 1 - 6 months
4 7 -12 months
5 13 -18 months
6 19 -24 months
7 More than 24 months

42. How long did you have to wait before <u>treatment/program</u> began for _____ (patient)?

CC 44 (_)

1 No waiting period
2 Less than 1 month
3 1 - 3 months
4 4 - 6 months
5 7 - 9 months
6 10 -12 months
7 More than 12 months

43. After your first visit, was there any change in your opinion of the Agency?

CC 45 (_)

1 Felt the same - no change (Skip to #45)
2 Partially changed (explain) _____
3 Completely changed my mind (explain) _____

44. What did anyone at _____ do in this early contact that caused you to feel this way? (Write Response) DO NOT CODE
(Prime Agency)

_____
_____
_____

45. How many people have had responsibility for your case at the referral agency?

CC 46 (_)

# of Persons

1 One person
2 Two persons
3 Three Persons
4 Four persons
5 More than four persons

QUESTIONS 46 THRU 57 REFER TO USERS OF SCHOOLS AS THE PRIME AGENCY FOR THIS STUDY. IF OTHER THAN SCHOOLS, GO TO QUESTION 58.

46. Did anyone in the school system initially refer the child to CDC for evaluation?

1 Yes 2 No (Go to #48) CC 47 (_)

47. If yes, who? CC 48 (_)

1 Classroom teacher
2 Counselor
3 School psychologist
4 Pupil Personnel Worker
5 Principal
6 Other (Specify) _____

48. If reports from CDC were sent to the Public School System, were they accepted or was a different recommendation made?

CC 49 (_)

1 No different recommendation made (Go to #51)
2 Special education program
3 Private school selected by the Public School System
4 Further evaluation required
5 No treatment
6 No report sent
7 Other (Special) _____

49. Since a different recommendation was made by the Public School System, what was the basis for their recommendation? CC 50 (_)

1 Psychological testing implemented by the Public School System
2 Past classroom performance
3 Don't know
4 Resources not available
5 Other (Specify) _____

50. Since a different recommendation was made by the Public School System, which one did you accept? CC 51 (_)

1 CDC
2 Pupil Personnel
3 Took no action
4 Other (Specify) _____

51. Since CDC recommendation was accepted by the Public School System, how long did it take to be implemented? CC 52 (_)

1 Less than 1 month
2 1 - 6 months
3 7 - 12 months
4 More than 12 months

55. What kind of problems, if any, have you encountered through the use of this _____program?
(school) CC 53-58 (_ _ _ _ _ _)

1 None (Skip to #56)
2 Transportation program
3 Treatment for child's specific problem
4 Unrealiability of school based programs
5 Excessive forms to fill out
6 Other (Specify) _____

52. What action did you take in order to obtain the necessary treatment for your child within or through the Public School System? (Probe) CC 59 (_)

1 No action necessary
2 Transferred patient from one school to another within same school district
3 Transferred patient from one state to another
4 Changed residence in order that patient would be able to attend the present school
5 Had to take legal action (Answer #54)
6 Other (Specify) _____

53. How long was it before the case was settled? CC 60 (_)

1 Less than 6 months
2 6 months to 1 year
3 Longer than 1 year
4 Still in litigation (Skip to #56)

54. After the case was settled, how long did it take for the child to get the necessary treatment through the Public School System?
CC 61 (_)

1 Less than 6 months
2 6 months to 1 year
3 Longer than 1 year

#55 →

56. What portion of _____education/treatment is being paid for by the Public School? (patient)
CC 62 (_)

1 None
2 Less than half
3 More than half
4 All
5 Transportation only

57. What suggestions do you have for improvement of the Public School System based on your experience? (Record Verbatim)

DO NOT CODE

1 _____
2 _____
3 _____

THE NEXT FEW QUESTIONS CONCERN AREAS WHEREIN DIFFICULTIES COULD HAVE OCCURRED. LET US EXPLORE THEM.

58. Did you have any problem paying the _____fees?
(Prime Agency)
CC 63-64 (_ _)

0 N.A.
1 No
2 Yes. How did you handle it?

1 Adjusted budget
2 Made a loan
3 Received a scholarship
4 Couldn't cope with the problem
5 Other (Specify) _____

59. Did you have any problems with transportation?

CC 65 (_)

1 No
2 Yes

60. Was babysitting for other/your children a problem?

CC 66 (_)

0 N.A.
1 No
2 Yes

(ASK ONLY IF RESPONDENT IS EMPLOYED)

61. Did keeping appointments at Agency/School create problems on your job?

CC 67 (_)

0 N.A.
1 No
2 Yes

LET US LOOK AT YOUR GENERAL REACTIONS TO VARIOUS TYPES OF PERSONAL CHARACTERISTICS:

62. How do you relate to the following types of individuals? (GIVE RATING SCALE CARD)

CHARACTERISTICS	RELATING SCALE				
	Well	Fair	Poor	Not At All	Indiff.
1. SEX:					
1 Men	1	2	3	4	5
2 Women	1	2	3	4	5
2. AGE:					
1 Teenagers	1	2	3	4	5
2 Young Adults (20-25)	1	2	3	4	5
3 Middle-Aged	1	2	3	4	5
4 People over 60	1	2	3	4	5
3. PHYSICAL CHAR.:					
1 Handicapped	1	2	3	4	5
2 Extremely short	1	2	3	4	5
3 Extremely tall	1	2	3	4	5
4 Extremely thin	1	2	3	4	5
5 Extremely fat	1	2	3	4	5
6 Seemingly homosexual	1	2	3	4	5
7 Extremely fair-skinned	1	2	3	4	5
8 Extremely dark-skinned	1	2	3	4	5
4. EDUCATION:					
1 Less educated than self	1	2	3	4	5
2 Better educated than self	1	2	3	4	5
5. RACE:					
1 Black	1	2	3	4	5
2 White	1	2	3	4	5
3 Other racial groups	1	2	3	4	5
6. PERSONAL APPEARANCE:					
1 Neat	1	2	3	4	5
2 Untidy	1	2	3	4	5

CC 68-73 (_ _ _ _ _ _)
CC 74-79 (_ _ _ _ _ _)
END CARD II
CC 80 ( )
BEGIN CARD III
CC 1-6 (_ _ _ _ _ _)
CC 7-15 (_ _ _ _ _ _ _ _ _)

63. Which, if any, of the characteristics mentioned above gave you problems in your contact with the staff at _____? (READ EACH, CIRCLE ALL THAT APPLY)
(Prime Agency)

CC 16-22 (_ _ _ _ _ _ _ _)

1 None
2 Sex
3 Age
4 Physical characteristics
5 Educational differences
6 Racial differences
7 Personal appearance

64. What is your present attitude towards _____? (Give card and circle one)
(Prime Agency)

CC 23 (_)

1 Good
2 Indifferent
3 Bad

LET US LOOK AT SOME QUALITIES OF THE AGENCY WHICH MAY HAVE CONTRIBUTED TO YOUR ATTITUDE.

65. As I read each one, tell me how you rate each of the following factors about _____. (GIVE RATING SCALE CARD. CIRCLE ALL THAT APPLY)
(Agency)

CC 24-30 (_ _ _ _ _ _ _ _)
CC 31-37 (_ _ _ _ _ _ _ _)

FACTORS	RATINGS		
	Good	Indiff.	Poor
1 Politeness of staff	1	2	3
2 Ability of staff to do their job	1	2	3
3 Ability of staff to develop your trust	1	2	3
4 Privacy during interview sessions	1	2	3
5 Physical surroundings	1	2	3
6 Attitude of Professional Staff	1	2	3
7 Agency flexibility with respect to fees, appts., etc.	1	2	3
8 Image of Agency in community	1	2	3
9 Availability of information about the Agency	1	2	3
10 Agency's respect for your knowledge of the problem	1	2	3
11 Agency acceptance of your personal appearance	1	2	3
12 Respect and acceptance of your personal opinions	1	2	3
13 Attitude of non-professional staff	1	2	3
14 Treatment re program for _____ (patient)	1	2	3

66. What problem, if any, did you have in talking with staff?
CC 38 (_)

1 No problem talking with staff
2 Difficulty expressing own concerns
3 Difficulty understanding staff explanations
4 Confused as to whom to talk to
5 Staff too abrupt
6 Never ventured discussion with staff
7 Other (Specify) _____

67. What kinds of assistance did the Agency provide you in order to help you use its services? (PROBE AND CIRCLE ALL THAT APPLY)
CC 39-47 (_ _ _ _ _ _ _ _ _)

1 Fees adjusted
2 Babysitter service and/or accommodations provided
3 Appointment flexibility possible
4 Transportation provided for patient/respondent
5 Consultation services provided
6 Therapeutic sessions offered - (parent training)
7 Home visits made
8 Clothing and other basic necessities provided
9 Other (Specify) _____

68. If you directed _____ (Agency) what changes would you make to improve services? (If any) DO NOT CODE

_____
_____

69. What is your preference for using available agencies/schools in the Metropolitan Area. (GIVE POSSIBILITIES. CODE 1 RESPONSE) CC 48 (_)

1 Own neighborhood clinics/services
2 Facilities in other neighborhoods
3 University sponsored programs
4 Federally sponsored programs
5 Military facilities
6 Any agency that serves child best regardless of location of sponsor
7 Other (Specify) _____

WE ARE INTERESTED IN KNOWING THE FAMILY'S REACTION TO THE PLANNED TREATMENT FOR _____ (patient), AND ALSO, WHAT OTHER PROBLEMS, INTERNAL AND/OR EXTERNAL EXIST AROUND THE CHILD.

70. Has there been any family disagreement concerning _____ (Patient) treatment?

1 Yes 2 No CC 49 (_)

Tell me about it; how was it resolved?_____
_____
_____

of the following

71. Within this family, do any problems exist, and which ones do? (Read 2 thru 7) CC 50-56 (_ _ _ _ _ _ _)

1 No problems
2 Illness other than patient
3 Juvenile deliquency
4 Sibling rivalry
5 Marital discord
6 Financial
7 Other (Explain) _____

72. How is general health care handled in your family? CC 57 (_)

1 Private Doctor
2 Public Clinic
3 Hospital Clinic
4 Emergency Service
5 Private Agency
6 Other (Specify) _____

73. In general, at what point do you seek medical help when you are ill? (Probe Carefully) CC 58 (_)

1 Never
2 At the onset
3 Only if pain is present
4 Only if pain is unbearable
5 When I begin to feel really bad
6 Crisis situation
7 When financial situation is feasible
8 Other (Specify) _____

74. Do you have a current health problem? CC 59 (_)

1 Yes 2 No (Skip to #76)

75. If yes, how does it affect family activities? (Probe Carefully) CC 60 (_)

1 Does not hamper activity within the family
2 Neglects self in order to cope with patient
3 Neglects others in family in order to cope with patient and self
4 Neglects patient to cope with family and self
5 Neglects patient and family to cope with self
6 Evokes greater cooperation from other members of family, relatives and/or friends
7 Other (Specify) _____

76. How does _____ condition affect the operation of your household?
(patient) CC 61-66 (_ _ _ _ _ _)

1 No special attention necessary
2 Rules changed for patients vs other household members
3 Meals and other family activities revolve around patient
4 Use of special equipment necessary
5 Must spend a lot of time away from household responsibilities
6 Other (Specify) _____

77. How have you been personally affected by the additional pressures and responsibilities brought on as a result of _____ condition?
(Circle all that apply. Probe carefully) (patient)
CC 67-73 (_ _ _ _ _ _ _)

1 Not at all
2 Physical discomfort
3 Uses escape mechanisms (sleep, drugs, alcohol)
4 Display of temper
5 Counseling sessions
6 Mental stress
7 Other (Specify) _____

END OF CARD III
CC 80 (_)
BEGIN CARD IV
CC 1-6 (_ _ _ _ _ _)

78. In what areas has _____ enrollment in _____
(patient's) (Prime Agency)
affected your daily activities? CC 7-13 (_ _ _ _ _ _ _)
(Circle all that Apply - Probe Carefully)

1 No areas affected
2 Meals
3 Chores
4 Discipline
5 Social activities
6 More family interaction
7 Other (Specify) _____

79. What rejection or forms of rejection, if any, has there been of the child and/or the family as a result of his problem? (Circle all that apply) (Probe if necessary)

CC 14-20 (_ _ _ _ _ _ _)
CC 21-27 (_ _ _ _ _ _ _)

SOURCE OF REJECTION	EXPERIENCED BY CHILD	EXPERIENCED BY FAMILY
1 No noticeable rejection	1	1
2 Within neighborhood	2	2
3 At school	3	3
4 At church	4	4
5 Members of the household/family	5	5
6 Community functions	6	6
7 Other (Explain) _____	7	7

80. How is this rejection shown? (Circle all that apply)

CC 28-33 (_ _ _ _ _ _)

1 Taunting/teasing
2 Gossip
3 Exclusion
4 Physical abuse
5 Curiosity
6 Other (Specify) _____

81. How does _____ react to this rejection; how does the family
(patient)
react to this rejection? (Circle all that apply)

CC 34-42 (_ _ _ _ _ _ _ _ _)
CC 43-51 (_ _ _ _ _ _ _ _ _)

AREAS of REACTION	Patient's Reaction	Family Reaction
1 Withdrawal	1	1
2 Verbal retorts	2	2
3 Hostile action	3	3
4 Acceptance	4	4
5 Ignore	5	5
6 Patience	6	6
7 Protection	7	7
8 Cries	8	8
9 Other _____ (Explain)	9	9

END CARD IV
CC 80 (_)

SECTION C
FAMILY STYLES AND SOCIALIZATION PATTERNS

NOW I WOULD LIKE TO ASK YOU SOME QUESTIONS ABOUT YOUR HOUSEHOLD AND THE FAMILY RELATIONSHIPS. BEGIN CARD V

CC 1-6 (_ _ _ _ _ _)

82. In your household, who makes most of the decisions about the children? (Record). What about in matters other than the children, who makes those decisions? (ASK EACH AREA OF CONTROL SEPARATELY)

CC 7-10 (_ _ _ _)

DECISION-MAKER	AREAS OF CONTROL			
	Child.	Expend.	Recrea't Activs.	Household Act
1 Self	1	1	1	1
2 Husband/wife/partner (Circle One)	2	2	2	2
3 Other family member (kin)	3	3	3	3
4 Joint decision	4	4	4	4
5 No set pattern	5	5	5	5
6 Other (Specify) _____	6	6	6	6

83. Tell me whether you are satisfied with your family's way of handling decisions in each of these areas. (ASK ABOUT EACH area of control separately and RECORD BELOW)

CC 11-14 (_ _ _ _)

AREAS	Satisfied	Dissatisfied
1 Children	1	2
2 Expenditures	1	2
3 Recreation Activities	1	2
4 Household Activities	1	2

(ASK ONLY IF NOT THE MARRIED BIOLOGICAL PARENTS)

84. SOME PEOPLE MAINTAIN CLOSE CONTACT WITH THEIR RELATIVES REGARDLESS OF HOW FAR AWAY THEY LIVE, WHILE OTHERS DO NOT. I WOULD LIKE TO ASK YOU ABOUT THE AMOUNT OF CONTACT YOU HAVE WITH YOUR RELATIVES. CONTACT REFERS TO VISITS, TELEPHONE CALLS, AND/OR CORRESPONDENCE. CC 15-18 (_ _ _ _)

a. Does anyone function as a father/mother to the children?

1 Yes 2 No

b. If yes, who?

1 Spouse
2 Friend
3 Grandparent
4 Other relative
5 Other (Specify) _____

c. Do you and/or the children maintain contact with the other biological parent?

1 Yes 2 No

d. Do you and/or the children maintain contact with the other biological parent's relatives?

1 Yes 2 No

85. How frequently do you maintain contact with your relatives in town?

CC 19 (_)

1 Often
2 Seldom
3 Not at all
4 No relatives

86. How frequently do you maintain contact with your relatives out of town?

CC 20 (_)

1 Often
2 Seldom
3 Not at all
4 No relatives

PEOPLE HAVE DIFFERENT FEELINGS ABOUT WHAT TO DO WHEN HELP IS NEEDED. SOME TURN TO FAMILY MEMBERS, OTHERS PREFER TO TURN TO FRIENDS AND NEIGHBORS. LET US DISCUSS TYPES OF ASSISTANCE PROVIDED AND/OR RECEIVED BY YOUR FAMILY. (Ask each area separately)

87. What types of assistance do you, your spouse/mate and children PROVIDE for relatives? Under what situations would you say that it is provided routinely or in times of crises.

What types of assistance do you, your spouse/mate and children RECEIVE from relatives? Under what situations would you say that it is received, routinely or crises? What about other kinds of assistance you get?

CC 21-30 (_ _ _ _ _ _ _ _ _ _)
CC 31-40 (_ _ _ _ _ _ _ _ _ _)

TYPE OF ASSISTANCE	PROVIDED		RECEIVED	
	Routine	Crisis	Routine	Crisis
1 None	1	2	3	4
2 Child Care	1	2	3	4
3 Food and/or Clothing	1	2	3	4
4 Money	1	2	3	4
5 Household Help	1	2	3	4
6 Transportation	1	2	3	4
7 Emotional Support	1	2	3	4
8 Recreational/Social Outlet	1	2	3	4
9 Advice	1	2	3	4
10 Other (Specify) _____	1	2	3	4

88. Some people feel that it is alright to turn to their relatives for help in different situations. To what extent do you agree with this?

CC 41 (_)

1 Agree
2 No Opinion
3 Disagree

89. Why do you feel this way? (Circle One) CC 42 (_)

1 Families should stick together/tradition
2 Usually no place else to turn
3 Excellent rapport with relatives
4 Lack of trust in professionals
5 Person should be self-reliant
6 Don't like relatives
7 Not traditional in family
8 Have trust in professionals
9 Other (Specify) _____

LET'S TALK FOR A MOMENT NOW ABOUT YOUR NEIGHBORHOOD AND YOUR NEIGHBORS:

90. How would you rate this neighborhood in terms of the following features? (Card Needed) CC 43-50 (_ _ _ _ _ _ _ _)

FEATURES	RATINGS				
	Very Good	Good	Poor	Very Poor	None Available
1 Appearance	1	2	3	4	5
2 Safety	1	2	3	4	5
3 Schools	1	2	3	4	5
4 Shopping Facilities	1	2	3	4	5
5 Transportation	1	2	3	4	5
6 Municipal Services: (Trash, Water, Lighting, etc.)	1	2	3	4	5
7 Recreational Facilities	1	2	3	4	5
8 Health Facilities	1	2	3	4	5

91. If you could choose your neighbors, would you say that the ones you now have are the kind of neighbors you would choose? (Read Choices) CC 51 (_)

1 Most of them are 2 Some of them are
3 Very few of them are 4 None of them are
5 Don't know them

92. How often do you have contact with your neighbors? (Read Choices) CC 52 (_)

1 Very frequently
2 Frequently
3 Infrequently } (Skip to #94)
4 Not at all }

93. What kinds of topics do you discuss with your neighbors? Do you talk to them about: (READ EACH ITEM TO RESPONDENT) CC 53-60 (_ _ _ _ _ _ _ _)

TOPICS	YES	NO
1 Shopping	1	2
2 Child-rearing	1	2
3 Community Problems	1	2
4 Personal Problems	1	2
5 Agencies	1	2
6 Religion	1	2
7 Politics	1	2
8 Gossip	1	2

94. In this neighborhood, how far do you live from the following facilities? Would you say that they are very convenient, convenient, inconvenient or very inconvenient. (Card Needed)

CC 61-68 (_ _ _ _ _ _ _ _)

FACILITIES	CONVENIENCE SCALE			
	Very Convenient	Convenient	Inconvenient	Very Inconvenient
1 Grocery	1	2	3	4
2 School	1	2	3	4
3 Downtown Washington	1	2	3	4
4 Shopping Center	1	2	3	4
5 Treatment Facility for Patient	1	2	3	4
6 Other Medical Facilities	1	2	3	4
7 Work (if applicable)	1	2	3	4
8 Bus Line	1	2	3	4

95. How do you <u>USUALLY</u> travel to the following places?

CC 69-75 (_ _ _ _ _ _ _)

FACILITIES	MODE OF TRANSPORTATION					
	Walk	Taxi	Bus	Own Car	Friend's Car	Relative's Car
1 Grocery	1	2	3	4	5	6
2 School	1	2	3	4	5	6
3 Downtown Washington	1	2	3	4	5	6
4 Shopping Center	1	2	3	4	5	6
5 Treatment Facility for Patient	1	2	3	4	5	6
6 Other Medical Facilities	1	2	3	4	5	6
7 Work (If Applicable)	1	2	3	4	5	6

END CARD V

CC 80 (_)

96. IN TIMES OF NEED MANY PEOPLE PREFER TO GO TO PLACES SUCH AS BANKS, SOCIAL AGENCIES, HOSPITALS, PRIVATE PROFESSIONALS, ETC. I HAVE HERE A LIST OF SITUATIONS WITH WHICH PEOPLE SOMETIMES REQUIRE HELP. TELL ME WHERE YOU WOULD TURN FIRST IF YOU NEEDED THIS KIND OF HELP. (Present Chart. Circle the respondent's choice)

BEGIN CARD VI

CC 1-6 (_ _ _ _ _ _)
CC 7-13 (_ _ _ _ _ _ _)
CC 14-20 (_ _ _ _ _ _ _)

CHOICE IN TIMES OF NEED

SITUATIONS	1 Rel.	2 Fnd.& Neigh	3 Pub. Agy.	4 Pvt. Agy.	5 Chur.	6 Indep Prof.	7 Bank	8 Loan Co.	9 Empl.	0 Other
1 Small Loan	1	2	3	4	5	6	7	8	9	0
2 Large Loan	1	2	3	4	5	6	7	8	9	0

	1 Rel.	2 Fnd.& Neigh	3 Pub. Agy	4 Pvt. Agy	5 Chur.	6 Ind. Prof.	7 Pvt. Hlth Prac	8 Pub. Hlth Facil	9 Faith Healer	0 Other
3 Temp. Hous.	1	2	3	4	5	6	7	8	9	0
4 L.T. Hous.	1	2	3	4	5	6	7	8	9	0
5 Food	1	2	3	4	5	6	7	8	9	0
6 Clothing	1	2	3	4	5	6	7	8	9	0
7 Job	1	2	3	4	5	6	7	8	9	0
8 Hlth. Needs	1	2	3	4	5	6	7	8	9	0
9 Child Care	1	2	3	4	5	6	7	8	9	0
10 Emotional Help	1	2	3	4	5	6	7	8	9	0
11 Discipline	1	2	3	4	5	6	7	8	9	0
12 Academic	1	2	3	4	5	6	7	8	9	0
13 Legal Help	1	2	3	4	5	6	7	8	9	0
14 Marital Problems	1	2	3	4	5	6	7	8	9	0

97. To what kinds of organizations do you belong? (Circle all that apply)

CC 21-30 (_ _ _ _ _ _ _ _ _ _)

	ORGANIZATIONS	SELF
1	None	1
2	Church	1
3	Lodge and Fraternal (incl. Sororities)	1
4	Civic and Welfare (YMCA,YWCA, Hospital Aux.,PTA, Neighborhood Improvement, etc.)	1
5	Union and Professional	1
6	Political	1
7	Veterans and Auxiliaries	1
8	Social	1
9	Small Organizations which Minister to Sick and Needy	1
10	Other (Specify) _____	1

98. How would you classify your participation in the clubs/organizations to which you belong?

CC 31 (_)

1 Active
2 Occasionally participate
3 Just belong, don't participate

99. To what religious affiliation do you belong?

CC 32 (_)

1 Episcopal
2 Roman Catholic
3 Methodist (all sects)
4 Presbyterian (all sects)
5 Baptist (all sects)
6 Adventist
7 Other (Specify) _____

100. Does your religion affect your usage of community and/or agency services?

1 Yes 2 No CC 33 (_)

101. Do your children attend worship services?

CC 34 (_)

1 Regularly
2 Sometimes
3 Not at all
4 DK

102. I have here a list of child training goals that some parents set for their children when they are growing-up. Some of these goals are more important than others to some parents. I am going to read over this list of goals twice. The first time I want you to listen. The second time I would like you to tell me whether that goal was important, unimportant to you in raising your child(ren) or whether you have no opinion on that subject. How important is it to you that the following goals are achieved. (Ask questions for patient and other children separately).

Important ---------- 1
No Opinion ---------- 2
Unimportant ---------- 3

CC 35-44 (_ _ _ _ _ _ _ _ _ _)
CC 45-54 (_ _ _ _ _ _ _ _ _ _)
CC 55-64 (_ _ _ _ _ _ _ _ _ _)
CC 65-74 (_ _ _ _ _ _ _ _ _ _)

END CARD VI
CC 80 (_)

	GOALS	OTHER CHILDREN SCALE 1 2 3	PATIENT SCALE 1 2 3
1	Getting good grades in school	1 2 3	1 2 3
2	Going to church	1 2 3	1 2 3
3	Showing affection towards his parents	1 2 3	1 2 3
4	Concerning himself about what goes on in the world	1 2 3	1 2 3
5	Being able to handle responsibility	1 2 3	1 2 3
6	Helping around the house	1 2 3	1 2 3
7	Showing appreciation for what his parents have done for him	1 2 3	1 2 3
8	Being independent; able to stand on his own two feet	1 2 3	1 2 3
9	Making plans for the future	1 2 3	1 2 3
10	Being considerate of others	1 2 3	1 2 3
11	Being happy	1 2 3	1 2 3
12	Being interested in books	1 2 3	1 2 3
13	Being polite	1 2 3	1 2 3
14	Telling you his problems	1 2 3	1 2 3
15	Being neat and clean	1 2 3	1 2 3
16	Being curious about things	1 2 3	1 2 3
17	Standing up for himself	1 2 3	1 2 3
18	Spending money wisely	1 2 3	1 2 3
19	Being honest	1 2 3	1 2 3
20	Being respectable	1 2 3	1 2 3

BEGIN CARD VII

CC 1-6 (_ _ _ _ _ _)

103. If you could choose your child(ren)'s future occupations, what would you choose? (Give occupational listing to respondent and write in or check appropriate columns).

CC 7-8 (_ _)
CC 9-10 (_ _)
CC 11-12 (_ _)

CATEGORY	OCCUPATIONAL CHOICE	NO PREFERENCE	NO OPINION
1 Girls		20	30
2 Boys		20	30
3 Patient		20	30

104. How do you rate their changes of achieving these goals?

RATING	CATEGORIES		
	GIRLS	BOYS	PATIENT
1 Very Good	1	1	1
2 Average	2	2	2
3 Poor	3	3	3
4 No rating	4	4	4

CC 13-15 (_ _ _)

105. Why do you feel this way? (Chocse the influences for each category separately) CARD NEEDED

CC 16-23 (_ _ _ _ _ _ _ _ _ _)
CC 24-31 (_ _ _ _ _ _ _ _ _ _)
CC 32-39 (_ _ _ _ _ _ _ _ _ _)

INFLUENCES	CATAGORIES		
	Boys	Girls	Patient
1 Child has good ability	1	2	3
2 Child works hard-will succeed	1	2	3
3 Child receives encouragement	1	2	3
4 Good opportunity prevails	1	2	3
5 Family provides finances	1	2	3
6 No encouragement received	1	2	3
7 Child lacks ability	1	2	3
8 Other (Specify) _____	1	2	3

106. What do you and your family do to encourage your children to achieve the goals you have set for them? _____

DO NOT CODE

107. Some parents find it necessary to punish their children in one or more of the following ways -- scolding or yelling, spanking or physical punishment, sending the child to his room or to bed, taking away the child's privileges. Tell me how often you and/or your spouse/mate use these various methods to punish your child(ren). (Read each method separately and record. Give Frequency Card)

CC 40-44 (_ _ _ _ _ _)
CC 45-49 (_ _ _ _ _ _)

Frequency

Often ---------- 1
Seldom ---------- 2
Never ---------- 3

METHODS	FREQUENCY OF ADMINISTRATION					
	Respondent			Spouse		
1 Scolding or yelling	1	2	3	1	2	3
2 Physical punishment	1	2	3	1	2	3
3 Sending the child to room	1	2	3	1	2	3
4 Taking away privileges	1	2	3	1	2	3
5 Talking things over	1	2	3	1	2	3

108. Are your methods of punishment the same for _____ (patient). (If "NO", explain the method used)

DO NOT CODE

1 Yes
2 No _____

_____

109. When parents are pleased with children, they often use the following methods to reward the children by --kissing and hugging; giving a gift or special privileges; praising the child; not making a big deal out of it but telling the child that good behavior is its own reward. Tell me how often you and/or your spouse/mate use these various methods to show that you are pleased with your child(ren)'s behavior. (Read each method separately and record. Give frequency Card).

CC 50-53 (_ _ _ _)
CC 54-57 (_ _ _ _)

Frequency

Often --------- 1
Seldom -------- 2
Never --------- 3

ACCOMPLISHMENTS	FREQUENCY	
	Respondent	Spouse/Mate
1 Kissing and hugging	1 2 3	1 2 3
2 Giving the child a gift or special privilege	1 2 3	1 2 3
3 Praising the child	1 2 3	1 2 3
4 Not making a big deal out of it	1 2 3	1 2 3

110. Are your methods the same for the patient? (If "NO", explain the method used).

DO NOT CODE

1 Yes

2 No _____

_____

111. People vary a great deal in what they feel is important to expect of children at different ages. Here are some accomplishments that people often require of their children.

Tell Me: A. At what age do you think children should be able to do these things.

B. Do you feel differently with respect to Boys and Girls? Give reason. (READ SITUATIONS INDIVIDUALLY TO RESPONDENT AND CHECK ACCORDINGLY).

CC 58-64 (_ _ _ _ _ _ _)
CC 65-71 (_ _ _ _ _ _ _)

METHODS	AGE GROUP					DIFFERENCES		
	Under 5	5-9	10-14	15-18	Over 18	B	G	Reason
1 Personal grooming	1	2	3	4	5	1	2	
2 Baby-sitting	1	2	3	4	5	1	2	
3 Cooking	1	2	3	4	5	1	2	
4 House cleaning	1	2	3	4	5	1	2	
5 Errands	1	2	3	4	5	1	2	
6 Arrange own schedule	1	2	3	4	5	1	2	
7 Personal shopping	1	2	3	4	5	1	2	
8 Family shopping	1	2	3	4	5	1	2	
9 Go to near places alone	1	2	3	4	5	1	2	
10 Go to far places alone	1	2	3	4	5	1	2	
11 Part-time job	1	2	3	4	5	1	2	
12 Full-time job	1	2	3	4	5	1	2	
13 Toilet trained	1	2	3	4	5	1	2	
14 Stay home alone	1	2	3	4	5	1	2	

END CARD VII

CC 80 (_)

BEGIN CARD VIII

CC 1-6 (_ _ _ _ _ _)
CC 7-14 (_ _ _ _ _ _ _ _)
CC 15-20 (_ _ _ _ _ _)

ASK ONLY IF RESPONDENT IS MARRIED.

Mr./Ms. _____, I would like to ask you a few questions about your relationship to your spouse/mate.

112. How alike would you say that you and your spouse/mate are in terms of your temperament and the things you think are important.

CC 21 (_)

1 Very similar
2 Somewhat similar
3 Somewhat different
4 Very different

113. How satisfied are you with your present marital arrangement?

CC 22 (_)

1 Satisfied
2 Neutral
3 Dissatisfied

114. If you had to do it over, would you:

CC 23 (_)

1 Not marry at all
2 Marry the same person
3 Marry a different person
4 No opinion

115. If you were not married to Mr/Ms. _____, is he/she someone with whom you could be friends?

1 Yes 2 NO CC 24 (_)

116. I AM GOING TO READ YOU A SET OF STATEMENTS CONCERNING VARIOUS ISSUES AND SUBJECTS. EACH REPRESENTS AN OPINION. PLEASE TELL ME WHETHER YOU, STRONGLY AGREE, AGREE, DISAGREE OR HAVE NO OPINION WITH EACH STATEMENT.

STRONGLY DISAGREE,

CC 25-34 (_____)
CC 35-44 (_____)

SCALE

Agree ---------- 1
Disagree ---------- 2
No Opinion ---------- 3
Strongly Agree ------ 4
Strongly Disagree ---- 5

STATEMENTS	OPINION				
1. Poor people who don't do well in life often have good skills, but opportunities just go to people who have influential connections.	1	2	3	4	5
2. Most people could be described as victims of circumstances beyond their control.	1	2	3	4	5
3. Poor people may not have the same opportunities as those who are well off; but many of the poor haven't prepared themselves enough to make use of the opportunities that come their way.	1	2	3	4	5
4. Blacks may not have the same opportunities as Whites, but many Blacks haven't prepared themselves enough to make use of the opportunities that come their way.	1	2	3	4	5
5. If Blacks work hard, attempt to 'fit-in' and meet the expectations of the larger society, they will be able to succeed without too many problems.	1	2	3	4	5
6. Some people just don't use the opportunities that come their way. If they don't do well, it's their own fault.	1	2	3	4	5
7. Children are basically bad and parents have to change that.	1	2	3	4	5
8. This country is run by the few people in power and there is nothing the average person can do about it.	1	2	3	4	5

(116) con'd.

9.	If people take an active part in political and social affairs, they can exercise at least a little control over world events.	1	2	3	4	5
10.	People who can't get others to like them don't understand how to get along with people.	1	2	3	4	5
11.	As far as world affairs are concerned, most of us are victims of forces we can neither understand or control.	1	2	2	4	5
12.	Trusting to fate has never turned out as well for me as making a decision to take a definite course of action.	1	2	3	4	5
13.	One of the major reasons that this country is in its present state is because ordinary people don't take enough interest in politics.	1	2	3	4	5
14.	The attempt to 'fit-in' and do what is "expected" hasn't paid off for poor people - it doesn't matter how 'proper' you are, you'll still be at a serious disadvantage if you're from a poor family.	1	2	3	4	5
15.	If a person from a poor family works hard, attempts to 'fit-in' and do what is expected, their family background won't be a barrier to success.	1	2	3	4	5
16.	It is not always wise to plan too far ahead, because many things turn out to be a matter of good and bad fortune anyhow.	1	2	3	4	5
17.	Many times we may just as well decide what to do by flipping a coin.	1	2	3	4	5
18.	Good luck is more important than hard work for success.	1	2	3	4	5
19.	The attempt to 'fit-in' and do what's "expected" hasn't paid off for Blacks, it doesn't matter how 'proper' you are, you'll still meet serious discrimination if you are Black.	1	2	3	4	5
20.	When making plans, one can usually make them work; getting what you want has little or nothing to do with luck.	1	2	3	4	5

117. I AM GOING TO READ YOU A LIST OF SITUATIONS TO CONSIDER, ALONG WITH SOME ALTERNATIVE SOLUTIONS. THERE ARE VARIOUS WAYS OF HANDLING THESE SITUATIONS. PLEASE PICK THE SOLUTION THAT WOULD BE YOUR BEST CHOICE.

CC 45-52 (_ _ _ _ _ _ _ _ _)

END CARD VIII

STATEMENTS

I. A MAN BOUGHT A SMALL HOME WHICH NEEDED A LOT OF REPAIR WORK DONE ON IT BEFORE WINTER. THERE WERE SEVERAL WAYS HE COULD GO ABOUT GETTING THE REPAIRS MADE:

1. He might get a part-time job so he could afford to have a repair company come in and fix it.

2. He could get some of his buddies together one Saturday and have them all come and help him.

3. He could ask some of his relatives to give him a hand.

Which of these would be your choice?

II. PEOPLE OFTEN HAVE VERY DIFFERENT IDEAS ABOUT WHAT HAS GONE BEFORE AND WHAT WE CAN EXPECT IN LIFE. HERE ARE THREE WAYS OF THINKING ABOUT THESE THINGS:

1. Some people believe that change brings improvement. They think that the best way to live is to plan ahead, work hard, and sacrifice for a better future.

2. Some people think that the old ways are best, and are reluctant to any form of change. They think that the best way is to keep to the old traditions.

3. Some people live for each day and/or moment. They think that they should be able to take from the past what best suits them but be ready to accept the new.

III. THE MAN OF THE YEAR COMMITTEE IS ABOUT TO PRESENT ITS ANNUAL AWARD. THEY MUST SELECT ONE OF TWO MEN, ONE IS A SCIENTIST WHO HAD MADE MANY IMPORTANT DISCOVERIES. THE OTHER IS A MAN WHO IS SYMPATHETIC AND HELPFUL TO OTHERS. HIS LIFE HAS BEEN DEVOTED TO RAISING A FINE FAMILY AND COMMITTED TO COMMUNITY SERVICE.

1 The committee members should give the award to the scientist, whose work has been beneficial to mankind.

2 The committee members should give the award to the father whose way of living is a model to us all.

IV. MODEL CITIES WAS DONATING $5,000 TO A COMMUNITY CENTER. THE BOARD OF THE CENTER CAN SELECT SEVERAL WAYS OF DIVIDING THE MONEY.

1. The Board could wait until the money arrives before deciding how it would be divided.

2. They could divide the money in the same way it was done with previous budgets.

3. The Board could hold a meeting and make special plans for spending the new funds they are to receive.

V. TWO WOMEN WERE DISCUSSING THE RECENT ADVANCES IN SPACE TRAVEL.

1. One said, "If God had meant for mankind to travel in space, it wouldn't be a difficult thing to do. We should accept our human limitations".

2. The second said, "The entire space program is an exciting demonstration of how mankind can control the universe when he puts his mind and emergies to the task".

With which of these remarks do you agree?

VI. TWO MEN WERE TALKING ABOUT HOW TO RAISE CHILDREN. THEY HAD VERY DIFFERENT IDEAS ABOUT THE BEST WAY OF BRINGING THEM UP.

1. One man supported his children and cared for them, but believed that there was a limit to how much he could influence their future. He felt there were too many areas over which he had no control.

2. His friend, on the other hand, spent a lot of time with his children and attempted to learn and put into practice as many of the new ideas about child-rearing as he could. He felt that this was the way in which he could influence their character.

With which of these ideas do you agree?

VII. TWO PEOPLE WERE TALKING ABOUT HOW THEY LIKE TO LIVE.

1. One said, "What I care about most is getting things done just as well or better than other people. I like to see results and think that they are worth working for".

2. The other said, "What I care about is to be able to act in ways that best suit me. If I don't get much done but can enjoy life, then that is the best way".

With which of these ideas do you agree?

VIII. SOMETIMES TEENAGERS HAVE TO MAKE MANY IMPORTANT DECISIONS ABOUT THEIR FUTURE. THEY CAN ARRIVE AT THESE DECISIONS IN A NUMBER OF DIFFERENT WAYS. HERE ARE THE POSSIBILITIES:

1. They can be very independent and make important decisions without talking to either their family or friends.

2. They can discuss important matters with close friends their own age who influence them.

3. They can discuss important matters with their families whom they feel can be of the most help.

Which of these would you choose?

1 Completed (COM)
2 Break-Off (B-Off)

OBSERVATIONAL RATING SHEET

CQ

Control #: _____

Interviewer: _____

Time: _____

The following categories have been selected for rating. Be very objective. Circle your rating.

1. Home:

Type of Dwelling

1 Public housing
2 Rooming house
3 Apartment in apartment house
4 Apartment over store
5 2 or 3 family house
6 Single family house
7 Other (Specify) _____

2. Quality of the Exterior:

1 Excellent--well built; well kept; expensive
2 Good--well built; well kept; modest
3 Fair--evidence of upkeep; but not enough
4 Poor--inadequate upkeep
5 Deteriorated--extremely poor building quality; little upkeep
6 Delapidated--falling apart

3. Quality of Interior

1 Excellent--clean; good condition; well furnished, expensive
2 Good--clean; good condition, well furnished, modest
3 Fair--good furniture; not clean; untidy atmosphere
4 Poor--all aspects untidy; not clean; some very inadequate
5 Deteriorated--all aspects extremely inadequate
6 Other (Specify) _____

4. Neighborhood:

a. Block Mixture
1 Entirely residential--no commerce
2 Residential with a few stores
3 Mostly commercial--many stores
4 Mostly industrial--factories and warehouses

b. Block Housing
1 Mostly one-family houses
2 One-family and multiple family houses
3 One-family houses and apartment buildings
4 Almost no one-family houses

5. Description of the home (in terms of size, maintenance, furnishing, evidence of books and toys):

6. Description of the immediate neighborhood (in terms of size of homes, building density, trees, yard space, recreational facilities):

7. Describe the children (if in evidence) and the Respondent with regard to external signs of personal care, economic status, emotional expressions:

8. Race (by observation): Children Respondent Other Family Members

APPENDIX C

AGENCY QUESTIONNAIRE

FAMILY STYLES AND AGENCY INTERACTIONS SURVEY

CHILD DEVELOPMENT CENTER
DEPARTMENT OF PEDIATRICS AND CHILD HEALTH
HOWARD UNIVERSITY COLLEGE OF MEDICINE

REFERRAL AGENCY QUESTIONNAIRE

Phase I

Control Number_____
Record of Interview
Day Commenced:_____
Day Completed:_____
Time Began:_____
Time Ended:_____
Interviewer_____
Non-interview Reason
1 Unable to contact
2 Temporarily absent
3 Refused
4 Other (Specify)_____
Interviewee:
Position_____
Years in Service_____
Position_____

This Study Funded in Part by OCD/HEW Grant No. 90-C-258.

I am _____ from the Child Development Center to conduct the interview in which you have agreed to participate. The questionnaire which we are using aims at getting information relative to the goals and objectives of services which your agency represents. The CDC has referred to this organization clients who have been diagnosed as having some form of developmental disability, and it is attempting to coordinate the patient referral with the services which have been available and were rendered to these clients.

REFERRAL AGENCY SERVICE QUESTIONNAIRE

FAMILY STYLES AND AGENCY INTERACTIONS SURVEY

Child Development Center
Department of Pediatrics and Child Health
Howard University College of Medicine

Note: All information which might permit your identification will be held in strict confidence. It will be used only by those engaged in and for the purpose of this survey. This information will not be released or disclosed for any purpose.

PART I

SECTION A

BACKGROUND

1. (If not obtained through the mail...): Mr./Ms. may we have any pamphlets or written statements that specify the services you provide, the clientele you serve, this agency's objectives, annual reports, financial statements, sources of funding, fee schedule, tests, and application and intake forms (a specimen set of major forms used in agencies.)

2. So that we might become familiar with the programs for children with developmental disabilities in your agency, we would like you to trace a typical child through. For example, how does the child come to the attention of the agency, what happens to him while he is in the program and what happens when he leaves the program?

3. What are the primary problem area(s) with which this agency works?
(specify: _____, _____, _____)

4. a. What is the role of the director, consultants and principals in establishing agency objectives and program directions?

   b. What other people play a role in establishing objectives and program directions?

5. Can you give me the names of other agencies that deal with children with problems similar to those of the children served by your agency.

(INTERVIEWER: IF AGENCY PROVIDES SERVICES FOR MORE THAN ONE PARTICULAR CONDITION, ASK THE RESPONDENT TO ANSWER THE FOLLOWING QUESTIONS IN TERMS OF THE PROBLEMS (GROUP (S) MENTIONED IN NO. 3. IF THE ANSWERS DIFFER BETWEEN (AMONG)PROBLEMS ASK RESPONDENT TO SPECIFY THE DIFFERENCES.)

6. What are the goals and objectives of your agency?

7. With which of these goals have you been most successful?

8. With which goals and objectives do you have the most difficulty, and why?

9. What methods do you use to evaluate your various programs in determining which are successful?

FINANCIAL ASPECTS

10. What type of financial resources does this agency have and what are their sources?

Source	% of Funding
(a) federal	_____
(b) state	_____
(c) local	_____
(d) private	_____
(e) fee payment	_____
(f) other (specify:_____)	_____

11. (If FEDERAL or STATE money for question 10): Which federal or state agency provides the funds?

12. (If agency receives FEDERAL money for question 11): Did any of the programs supported partially by federal funds exist before federal support became available?

13. Considering this agency's financial circumstances and stated priorities, do you think that any of the current federally funded programs for children with special needs would continue to exist in this agency if federal support was eliminated?

14. How is the payment of fees handled in this agency?

(1) NA - no charge to the patient
(2) lump sum
(3) medicaid/medicare/third party coverage/grants etc.
(4) installment arrangements
(5) sliding scale
(6) other (specify)_____

15. At this agency, when is payment of fees due?

(1) before admission
(2) before treatment
(3) during treatment
(4) when patient is discharged

SECTION B

STAFF QUALIFICATIONS AND TRAINING

16. How many professionally trained personnel work with children from birth to age twenty-one?

	No.
(a) physical therapists	_____
(b) occupational therapists	_____
(c) psychologists	_____
(d) social workers	_____
(e) psychiatrists	_____
(f) audiologist	_____
(g) speech therapists	_____
(h) vision therapists	_____
(i) other (specify:_____)	_____

17. What are the qualifications of the professionals who work with the children and their families here?

	No. Having	Profession
(a) special certificate for training in this area	_____	_____
(b) master's degree	_____	_____
(c) bachelor's degree	_____	_____
(d) at least two years experience with children with special needs	_____	_____
(e) other (specify:_____ _____)	_____	_____
(f) no standard qualifications	_____	_____

18. What kind of training is given to staff members in this agency?

(1) in - service training_____
(2) conferences_____
(3) workshops_____
(4) college courses_____
(5) other (specify:_____)
(6) none provided_____

19. (if training is provided): How often do personnel receive such training?

(1) only at orientatior to job
(2) once a year
(3) less than once a year
(4) more than once a year

20. Do you utilize parents of child clients in any way in this agency's program?

(1) yes
(2) no

21. (If YES to question 20): How are they utilized?

22. Do you make use of professionals from the minority groups you serve?

(1) yes
(2) no

23. (f YES to question 22): How?

24. Do you use volunteers?

(1) yes
(2) no

25. (If YES to question 24): How?

26. (If YES to question 24): What type of training, if any, are volunteers given?

(1) train with professionals they work with
(2) special classes
(3) no special training
(4) other (specify:_____)

STAFF REACTIONS

27. How would you rate the comparability of this Agency's current wage scale with that of similar Agencies?

(1) higher
(2) the same as others
(3) less than others
(4) don't know

28. How would you assess the regularly assigned workload relative to salaries as paid?

(1) overworked
(2) underpaid
(3) no opinion
(4) satisfactory

29. Does this agency give incentive rewards for creativity and innovations to its employees?

(1) yes
(2) no
(3) don't know

30. In dealing with the handicapped, what areas would be effective in increasing staff moral?

SECTION C

POPULATION SERVED

31. Describe the population you serve in terms of its specific age range and socio-economic class.

(a) age range
(1) all ages
(2) preschool age
(3) elementary school age
(4) secondary school age
(5) young adults (19-35)
(6) elderly
(7) other (specify:_____)

(b) socio-economic class
(1) lower class (unemployed or unskilled)
(2) working class (blue-collar)
(3) middle class (white-collar)
(4) upper-middle class (professional, business)
(5) upper class
(6) all classes

32. What ethnic groups do you serve and what proportion of your total client population does each group represent?

Ethnic Group	% of Clientele
_____	_____
_____	_____
_____	_____

33. What percent of your clients come from the inner city? _____%

34. What percent come from non-inner city neighborhoods?_____%

35. Are there any differences between clients coming from the inner city and from non-inner city neighborhoods regarding:

(a) degree of handicap_____
(b) social problems_____
(c) medical problems_____
(d) family problems_____
(e) educational problems_____
(f) economic differences_____
(g) success rates_____
(h) other differences (specify:_____)

36. Do clients from inner city neighborhoods have special needs or require special services that non-inner city clients do not?

(1) yes
(2) no

37. (If YES to question 36): What are these special needs or required services?

38. (If YES to question 36): How does this agency meet these special needs?

39. To which of the following does this agency actually provide services?

(1) to the individual himself, but to no family members
(2) to other family members as well as to the individual
(3) to school personnel who deal with the client
(4) to other agencies dealing with this client
(5) other (specify:_____)

40. At what age do these clients generally have their first contact with this agency?

(1) preschool age
(2) primary and elementary grades
(3) secondary grades
(4) early adulthood
(5) other (specify:_____)

41. How many preschool, school-aged and young adult handicapped clients do you currently serve? How many of these have special needs?

	No.	% of Agency Population
(a) preschool	_____	_____
(b) school-aged	_____	_____
(c) young adults	_____	_____

SECTION D

REFERRAL AND PLACEMENT

42. Who refers clients to your agency?

Referral is from:	% referred by each
(1) handicapped individual himself	_____
(2) parents, or other relatives	_____
(3) schools	_____
(4) doctors	_____
(5) other private or public agencies	_____
(specify which ones: _____)	_____
(6) representatives of your agency	_____
(7) other (specify: _____)	_____

43. How are such referrals generally made? (procedure)

44. What requirements must be made before a potential client can qualify for services from your agency?

(1) medical examination
(2) psychological testing (specify: _____)
_____
(3) any other tests (specify: _____)
_____
(4) special referral (specify: _____)
_____
(5) income level (specify: _____)
_____
(6) socio-economic level (specify: _____)
_____
(7) service fee
(8) other (specify: _____)
_____

45. Are there any additional procedures required for placement of a client in agency programs?

(1) yes
(2) no

46. (If YES to question 34): What are these procedures?

47. Do you have waiting lists for any of your services?

(1) yes
(2) no

48. (If YES to question 36): For which services?

49. How long do people typically wait for services after meeting eligibility requirements?

(1) no wait
(2) less than one month
(3) one to three months
(4) other (specify:_____)

SECTION D

SERVICES

50. What services do you actually provide and how do you meet these services:

SERVICES	Needs - How Provided
(1) social services	_____
(2) therapeutic	_____
(3) medical	_____
(4) educational	_____
(5) other (specify:_____)	

51. What is being done in the agency in the area of prevention of primary and secondary handicaps?

52. (If YES to question 51: Are there any differences in preventative services provided inner city vs non-inner city children?

(1) yes
(2) no

53. (If YES to question 51): What are these differences in preventative services?

54. What are your daily hours of operating for the services which you render?
From _____a.m. to _____p.m.

55. How often are services provided for your clients? (Breakdown by type of service.)

Services	Daily	Weekly	Monthly
(1) Social	_____	_____	_____
(2) Therapeutic	_____	_____	_____
(3) medical	_____	_____	_____
(4) educational	_____	_____	_____
(5) other (specify:_____)			

56. Are all of your services for clients provided in this building?

(1) yes
(2) no

57. (If NO to question 45): Where else do people have to go and for what services?

58. Which, if any, of the services you provided are contracted from other agencies, professionals, or para-professionals not employed by your agency?

Outsider Activities	Services Provided
(1) none	_____
(2) agencies	_____
(3) professionals	_____
(4) para-professionals	_____
(5) other (specify:_____ _____)	_____

59. Now we would like to know with what agencies you interact in connection with clients. For example, which agencies refer clients to you?

60. Why do these agencies make referrals to you?

61. To which agencies do you make referrals and for what reasons? List agency by name.

Agency	Referral Reason
(1) none	
(2)	
(3)	
(4)	
(5)	

62. Are you affiliated with any medical or nursing schools in the Washington Metropolitan area?

(1) yes
(2) no

63. What is the relationship with the institutions and what services do they provide?

64. (If YES to questions 61): For referrals that you make do you follow them up to see if clients or potential clients actually made contact with the referral agency?

(1) yes
(2) no

65. (If YES to question 64): How is the service follow-up accomplished?

66. Do you provide any of the following aids to these children to allow them to take advantage of your services?

(1) transportation
(2) basic necessities
(3) babysitting
(4) tuition
(5) home visits
(6) family counseling

67. (If YES to question 66): Is there a charge to clients for any of these services?

(1) yes
(2) no
(3) don't know

68. Do you have any interaction with the public schools?

(1) yes
(2) no

69. (If YES to question 68): What is the nature of the interaction?

70. (If NO to question 68): Why don't you interact?

71. (If YES to question 68): How effective do you feel this interaction is?

72. (If YES to question 68): Can interaction with the public schools be improved?

(1) yes
(2) no

73. (If YES to question 72): How can it be improved:

74. What client needs are there which this agency is not presently providing?

75. (If YES to question 74): Why aren't they being provided?

(1) not enough money
(2) not enough staff
(3) other agencies satisfactorily meet needs
(4) don't have facilities or equipment
(5) other (specify:_____)
(6) not applicable - no services needed

76. (If YES to question 74): Which agencies do you contact or other sources do you use for the purposes of meeting these unmet needs?

77. What proportion of your client's needs are being met by this agency and by other agencies?

(1) this agency _____%
(2) other agencies _____%

78. Do you know of children who are not receiving services but need services such as those you provide?

(1) yes
(2) no

79. (If YES to qestion 78): How many children?

80. What is the limit on the number of years, amount of services, or expenditures per client with respect to their needs and services requested.

81. What is the nature of follow-up activity once a client has completed a program or dropped from a program?

(1) yes
(2) no

82. (If YES to question 81): What is the nature of the follow-up?

83. Once your clients stop receiving services, what percent:

(a) get jobs?
(What kind of jobs?_____)
(b) are self-sufficient in non-job situations?_____%
(c) go on to other agencies for more services?_____%
(d) would be classified as failures--i.e. didn't profit from your program?_____%

84. What type of clients (e.g., in terms of socio-economic status degree of handicap, education, etc.) are most likely to:

(a) get jobs?_____
(b) be self-sufficient in non-job situations?_____
(c) go on to other agencies for more services?_____
(d) be classified as failures--i.e., didn't profit from your program_____

85. What types of developmental expectations do you have for most of the clients you serve?

86. What types of occupational expectations do you have for most of the children you serve?

(1) will not be able to work
(2) sheltered workshop
(3) unskilled or service job
(4) semi-skilled labor
(5) skilled labor
(6) clerical - sales
(7) business manager or owner
(8) professional

IMPROVEMENT OF SERVICES

87. In what ways do you think the agencies/schools could improve their programs to better aid children with special needs and their families?

88. Do you, as an individual, personally feel there are other things this agency should be doing to help clients?

(1) yes
(2) no

89. (If YES to question 88): What types of things should be done?

90. Are you aware of any innovative programs that deal with the handicapped?

(1) yes
(2) no

91. (If YES to question 79): Who is responsible for the program (s) and where is it (or are they) located?

92. What changes do you think should be made in the whole system of services to the children with special needs and their families?

REFERRAL SCHOOL QUESTIONNAIRE

FAMILY STYLES AND AGENCY INTERACTIONS SURVEY

Child Development Center
Department of Pediatrics and Child Health
Howard University College of Medicine

THIS PORTION OF THE SURVEY DIRECTS ITSELF SPECIFICALLY TO SCHOOLS BOTH PUBLIC AND PRIVATE, TO WHICH CDC PATIENTS HAVE BEEN REFERRED AND WHERE PERSONNEL ARE RESPONSIBLE FOR IMPLEMENTING THE RECOMMENDATIONS FOR THE DIAGNOSES.

PART II

SECTION A

93. We plan to interview the teachers of (no.) classes for*** handicapped children in your school. Are there any special education classes for the handicapped in this school? (If yes, which handicap (s)?)

(1) no
(2) yes, mentally retarded
(3) yes, blind
(4) yes, partially sighted
(5) yes, deaf
(6) yes, hard of hearing
(7) yes, emotionally disturbed
(8) yes, learning disabled
(9) yes, crippled
(10) yes, multiple handicapped
(11) yes, speech impaired
(12) yes, other health impaired
(13) yes, other (specify)_____

94. Are there any children with a handicap who are not enrolled in a special education class but who are served by an itinerant teacher, tutor, or other similar person? (If yes, which handicap?)

(1) no
(2) yes, mentally retarded
(3) yes, blind
(4) yes, partially sighted
(5) yes, deaf
(6) yes, hard of hearing
(7) yes, emotionally disturbed
(8) yes, learning disabled
(9) yes, crippled
(10) yes, multiple handicapped
(11) yes, speech impaired
(12) yes, other health impaired
(13) yes, other (specify_____

(INTERVIEWER: USE INFORMATION FROM QUESTIONS 93 and 94 TO GIVE GENERAL INSTRUCTIONS FOR QUESTIONS 95 AND 96, I.E., YOU HAVE INDICATED THAT THERE ARE PRESENTLY (NO.) GROUPS OF HANDICAPPED CHILDREN IN YOUR SCHOOL - ***,***,***. PLEASE ANSWER THE FOLLOWING TWO QUESTIONS AS THEY RELATE TO THESE HANDICAPPED GROUPS. IF THE ANSWERS ARE DIFFERENT FOR EACH HANDICAP, PLEASE INDICATE THE

REFERRAL, DIAGNOSIS AND PLACEMENT

95. When a preschool age child is suspected of being handicapped, who, typically, refers that child for diagnosis?

(1) don't know
(2) parents
(3) agencies
(4) private doctor
(5) other (specify) _____

96. When a school-age child is suspected of being handicapped, who, typically, refers that child for diagnosis?

(1) don't know
(2) parents
(3) teachers
(4) school nurse
(5) screening
(6) private doctor
(7) agencies
(8) other (specify) _____

97. In your school, do you feel there are any mentally and/or physically handicapped children who have not been referred to school officials for diagnosis?

(1) yes
(2) no
(3) don't know

98. (If YES to question 95): What handicaps do you suspect these children to have?

(1) mental retardation
(2) blindness
(3) partial sight
(4) deafness
(5) hard of hearing
(6) emotional disturbance
(7) learning disability
(8) crippled
(9) multiple handicap
(10) speech impairment
(11) other health impairment
(12) other (specify) _____

99. (If YES to question 95): How do you think the identification system can be improved?

(INTERVIEWER: PREFACE QUESTIONS 8-13 BY STATING: PLEASE ANSWER THE FOLLOWING SIX QUESTIONS AS THEY RELATE TO THE HANDICAPPED GROUPS PRESENTLY IN YOUR SCHOOL. IF THE ANSWERS ARE DIFFERENT FOR EACH HANDICAP, PLEASE STATE THE DIFFERENCES.)

100. After a child thought to be handicapped is referred to school officials, what interviews, testing, and other procedures are followed to evaluate potential handicapping conditions (who interviews whom, and what tests are required, etc.)?

(1) don't know
(2) medical tests
(3) psychological tests
(4) other tests (specify) _____
(5) parent interviews
(6) other (specify) _____

101. After a child is diagnosed as being handicapped and is eligible for a special program, what procedures are followed in determining the educational setting or arrangement (special class, itinerant teacher, residential school) in which he will be educated?

102. Who is involved in the decision-making process regarding the placement of a handicapped child in an educational setting?

(1) don't know
(2) office of director of special education
(3) director of special education
(4) principal of school attended by child
(5) principal of child's neighborhood school
(6) guidance counselor
(7) parents
(8) other (specify) _____

103. How and to what extent are the parents involved in the placement of their handicapped child?

104. Within the last school year have there been any problems or objections in implementing a placement in this school for a handicapped child (or children)?

(1) yes
(2) no
(3) don't know

105. (If YES to question 12): From whom and in what percent of the cases?

(1) parents _____%
(2) teachers _____%
(3) other (specify) _____%

_____

106. (If YES to question 12): What specific problems or objections are raised by each group?

107. At this time, are there waiting lists of children who are eligible for the special education program in this school?

(1) yes
(2) no
(3) don't know

IF NOT - SKIP TO QUESTION 22

108. (If YES to question 15): How many children are on the waiting list for each handicap?

	No.
(1) mentally retarded	___
(2) blind	___
(3) partially sighted	___
(4) deaf	___
(5) hard of hearing	___
(6) emotionally disturbed	___
(7) learning disabled	___
(8) crippled	___
(9) multiple handicapped	___
(10) speech impaired	___
(11) other health impaired	___
(12) other (specify) _____	___

109. (If YES to question 15): How long do they usually wait before they can be placed?

(1) don't know
(2) _____ weeks

110. (If YES to question 15): Are there any services or aids available for the handicapped children in this school who are on waiting lists?

(1) yes
(2) no

111. (If YES to question 18): What are the services and aids available to handicapped children on waiting lists?

112. What prevents children from being placed immediately after their eligibility is established?

(1) don't know
(2) not enough children to form unit of minimum required size
(3) not enough teachers
(4) insufficient classroom size
(5) parental objection
(6) current classes are filled
(7) other (specify) _____

113. INTERVIEWER: IF PRINCIPAL INDICATES WAITING LIST (QUESTION 107 AND LENGTH OF TIME EXCEEDING SIX WEEKS (QUESTION 109) You have stated that there are currently waiting lists for certain handicaps in this school and that there is a relatively long waiting period until placement. Within the last school year, have you noticed a reduction or discontinuance in referrals to your office from teachers as a result of these conditions?

(1) yes
(2) no
(3) don't know

114. Are handicapped students integrated into regular classes?

(1) yes
(2) no

115. (If YES to question 22): In what classes does this occur?

116. (If YES to question 22): How many handicapped students are integrated into regular classes?

TEACHER QUALIFICATIONS

117. In your judgment what are the qualities of a good special education teacher?

(1) degree (specify) _____
(2) years of experience (specify) _____
(3) age (specify) _____
(4) other (specify) _____

118. Do you consider the teachers of handicapped children in your school to be good special education teachers?

(1) yes
(2) no
(3) don't know

119. Within the last school year, have you worked with special education teachers to assist them in solving problems they may have had?

(1) yes
(2) no
(3) no problems

120. (If YES to question 27): Approximately how many hours of your time is typically involved in assisting special education teachers over the period of a month?

121. Do you have any role in initiating or stimulating staff development for special education teachers?

(1) yes
(2) no

122. (If YES to question 29): Approximately how many hours of your time is typically spent in this role over the period of a month?

STUDENT TEACHING

123. Are there arrangements with certain colleges and universities which allow student teachers in special education to observe or to actually do student teaching in this school?

(1) yes, observation
(2) yes, student teaching
(3) no arrangements

124. (If YES to question 31): Approximately how many student teachers in special education completed their practice teaching in this school last year?

_____

125. (If YES to question 31): What colleges and universities were the student teachers from?

126. (If YES to question 31): Were the student teachers at the graduate or undergraduate level?

(1) graduates
(2) undergraduates
(3) don't know

STAFFING PROBLEMS

127. What problems occur in staffing special education positions in this school?

128. What is the turnover rate or teacher loss for special education in this chool?

_____%

129. (If over 10% in question 37): What do you think the reasons are for this relatively high turnover rate?

130. What is the turnover rate or teacher loss for regular teachers in this school?

_____%

131. (If over 10% in question 39): What do you think the reasons are for this relatively high turnover rate?

SUPPORT PERSONNEL

132. INTERVIEWER: I'm going to read a list of personnel who may work with the special education child. I would like you to tell me how many of each type work full time, part time, or as requested with the special education students in this school?

	No.	Full Time (FT) Part Time (PT) As Requested (AR)
Psychologist	___	_____
Psychiatrist	___	_____
Guidance counselor	___	_____
Physician	___	_____
School Nurse	___	_____
Medical technician (audiologist, etc.)	___	_____
Itinerant teacher	___	_____
Teacher aide	___	_____
Tutor	___	_____
Librarian	___	_____
Speech therapist	___	_____
Physical therapist	___	_____
Occupational therapist	___	_____
Curriculum specialist	___	_____
Home-community agent	___	_____
Homebound teacher	___	_____
Remedial specialist (specify)	___	_____
Social Worker	___	_____
Volunteer	___	_____
Other (specify)	___	_____
	___	_____

AGENCIES

133. What services other than educational programs are provided to children in the *** handicapped program by the school district or by a community group or agency? (INTERVIEWER: INDICATE "S" FOR SCHOOL, AND "C" FOR COMMUNITY GROUP: SPECIFY COMMUNITY GROUP OR AGENCY).

(a) social/recreational
(b) medical/diagnostic
(c) prevocational guidance
(d) career guidance
(e) lunches
(f) social welfare
(g) transportation
(h) legal
(i) volunteer services
(j) family counseling
(k) financial assistance
(l) other (specify) _____

134. Do you or personnel in this school personally interact with any of the community groups mentioned?

(1) yes
(2) no
(3) don't know

SCHOOL FACILITIES

135. Does this school accommodate special education students through physical modifications or additions to the regular classroom or school?

(1) yes
(2) no

136. (If YES to question 135:) What accommodations have been made for special education students in this school?

(1) intercom in the classroom
(2) telephone in the classroom for emergencies
(3) conference room for use by special education teachers
(4) cots for resting
(5) restrooms close to the handicapped
(6) lunchroom close to the handicapped
(7) physical modifications to the classroom
(8) ramps
(9) other (specify) _____

SPECIAL EDUCATION ORIENTATION

137. Is general information about special education provided to you and your staff by the school district's division of special education?

(1) yes
(2) no

138. (If YES to question 46): Does this information help you to perform your functions relating to the handicapped in this school?

(1) yes
(2) no

139. (If NO to question 47): What kind of information would you like or do you need to have?

140. Within the last year, have you made any inputs to the special education director or other school district personnel regarding changes in special education policy or practices?

(1) yes
(2) no

141. (If YES to question 49): To whom have you directed your inputs?

142. (If YES to question 49): What suggestions, comments, or criticisms did you make?

143. Have your inputs been acknowledged and/or acted upon?

(1) acknowledged only
(2) acted upon
(3) no response

144. How do you think the district school system could improve the education of the handicapped children in this school?

SPECIAL PROBLEMS

145. Have you, experienced any special problems or inconveniences by having special education students in your school?

(1) yes
(2) no

146. (If YES to question 54): What types of problems or inconveniences are they?

(1) administrative
(2) disciplinary
(3) social
(4) other (Specify) _____

147. What are the characteristics of the handicapped children presenting these problems?

148. What do you think could be done to alleviate these problems?

PART III

SCHOOL FACILITY EVALUATION FORM

School _____ Location _____

Interviewer _____ Date _____

Handicap Involved _____

I. Physical Plant

Characteristics	Description			Remarks
a. general repair	good	fair	poor	
b. day-to-day maintenance	good	fair	poor	
c. lighting in halls	good	fair	poor	
d. width of halls	good	fair	poor	

II. Classroom

a. Location Basement First Floor

Second Floor or Above

b. Square Feet of area _____

c. Lighting	good	fair	poor
d. Storage area	good	fair	poor
e. Location in relation to external distraction	poorly located		well located
f. Location in relation to toilet facilities	attached to or near		inconveniently located
g. Location in relation to lunchroom			
h. Location in relation to nearest exit			

II. Classroom (continued)

Characteristics	Description	Remarks
i. Location in relation to recreation areas		
j. Maintenance of comfortable temperature		
k. Room color		
l. Ventilation	good fair poor	
m. Desk adjustable	yes no	
n. Desk and chairs of appropriate size	yes no	
o. Janitoral service	good fair poor	
p. Individual desks and chairs	yes no	
q. Number of electrical outlets (T)		
r. Bulletin board and chalkboard	yes no	

APPENDIX D

LIST OF PARTICIPATING AGENCIES

PARTICIPATING AGENCIES

NAME	TYPE OF FACILITY
I. Schools (112 users)	
A. Public	
Prince Georges Co. Pupil Personnel Services	Educational Placement Service
Mamie D. Lee School	Special Education
B. Private	
Agnes Bruce Greig School	Special Education
Christ Church Child Center	Special Education
Kennedy Institute	Special Education
St. Johns Child Development Center	Special Education
D.C. Society for Crippled Children	Special Preschool
II. Residential (4 users)	
D.C. Children's Center/Forest Haven	
III. Health Services (25 users)	
D.C. Area B Mental Health Clinic	Health Delivery
Howard University Hospital (Pediatric Out Patient Clinic)	Health Delivery
Group Health Association	Health Delivery
IV. Social Services (9 users)	
A. Private	
Family and Child Care Services *	Social Services
B. Public	
D.C. Medicaid (Department of Human Resources)	Medical Assistance

* Data incomplete; therefore eliminated